Homelessness — Causes & Effects

The Costs of Homelessness in British Columbia

BRITISH COLUMBIA

February 2001

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Acknowledgement

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Sponsored by: British Columbia Ministry of Social Development and Economic Security, and BC Housing Management Commission.

With the support of: Ministry of the Attorney General; Ministry for Children and Families; Vancouver/ Richmond Health Board; and City of Vancouver.

National Library of Canadian Cataloguing in Publication Data

Main entry under title:
Homelessness : causes & effects. Volume 3. The Costs of Homelessness in British Columbia

ISBN 0-7726-4412-8

1. Homelessness persons — Services for — Economic aspects — British Columbia. 2. Homeless persons — Services for — British Columbia. 3. Homelessness — Government policy — British Columbia. 4. Homelessness — British Columbia. I. Eberle, Margaret Patricia, 1958- . II. British Columbia. Ministry of Social Development and Economic Security.

HV4510.B7H65 2001 362.5'09711 C00-960363-8

101-04409/
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The Costs of Homelessness in British Columbia

February 2001

Volume 3

47

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Executive Summary

Some observers argue that homelessness costs the health care, social services and criminal justice systems at least as much as decent affordable housing. In fact, as one observer noted: "we continue paying to put the homeless in hospital beds, while not providing them with ordinary beds of their own," (Starr 1998). The question is do we pay now by providing those ordinary beds or do we pay possibly more later by not providing them? The costs of dealing with the consequences of homelessness, such as increased health needs, must be weighed against the cost of investing in longer-term housing solutions. This research provides a preliminary estimate of the costs of homelessness to the British Columbia government.

The specific objectives for this exploratory research are:

- To present a cost analysis of homelessness in terms of the British Columbia health care, social services and criminal justice systems.
- To analyse whether the provision of adequate and affordable housing is a prohibitive cost to the government.

Method

This study is an exploratory use of case histories and service use records for two subsets of people — homeless people, and housed formerly homeless individuals. The case history method involved identification of a cross sectional sample of homeless and housed individuals from which volunteer cases were sought. Personal interviews with selected individuals were carried out to determine, to the extent possible based on recall, their service use over the past year. Specific major interventions included:

Health care:	hospital admissions, hospital emergency department use, physician billings (Medical Services Plan), prescription drugs, mental health services, ambulance services, fire emergency response and health clinics
Social services:	BC Benefits (income support), child protection, drug and alcohol treatment
Criminal justice:	correctional institutions, community supervision and police services.

Experienced caseworkers familiar with the Vancouver Downtown Eastside and its residents were chosen to conduct the interviews. An interview guide designed to elicit information about service use was developed and tested.

Upon receipt of signed consent forms and completed interviews, requests were made to government service providers, with appropriate personal identifiers, seeking administrative records detailing the use of the health, social services and criminal justice services identified above. The aim was to collect information for the previous five years, depending upon availability, and examining two distinct time periods—one year and four years.

Cost estimates for the specific health care, criminal justice and social services included in this study were developed in a number of ways. In some instances, service providers offered a specific cost per service (MSP, Pharmacare, hospitals, BC Benefits and provincial corrections). In other cases, the provider (BC ambulance service, St. Paul's hospital emergency department, Vancouver fire department, health clinics, and Ministry of Children and Families (MCF) addiction services and child protection) offered an estimate of the per diem or per service cost. In yet other cases, the consultants developed an estimate of service cost based upon published research (Vancouver police). Vancouver Community Mental Health Services provided data allowing us to develop estimates of treatment costs *per client*. A range of different housing and related support costs was calculated separately.

The study is limited in that it employed a small sample of individuals for the purposes of determining service use and government costs. The sample of 15 individuals selected for the case histories and whose service use patterns are documented and costed, is intended to illustrate the range of homeless people living in Vancouver. However, it is not necessarily statistically representative. The research is intended to provide preliminary observations about the nature and range of service use among these homeless and formerly homeless, now housed individuals, and estimates of the corresponding government costs. Further research with a larger sample size should be conducted to confirm these findings.

Findings

Cost of Service Use

The figures show that in 1998–1999, providing major government health care, criminal justice and social services (excluding housing) to the homeless individuals *in this study* cost, on average, 33 per cent more than the housed individuals *in this study* ($24,000 compared to $18,000).

The major cost category for many of the homeless individuals in this sample is criminal justice (average $11,000 for one year). The major cost category for most of the housed individuals in this study is social services (average $9,000), consisting primarily of BC Benefits (British Columbia's income support program). Housed individuals are more likely to be consistently receiving BC Benefits, including the shelter component, in order to pay rent. This is in contrast to homeless people who are eligible only for the basic support amount. Additionally, as the case history interviews showed, a significant share of the housed individuals is eligible

for disability benefits at a higher rate. The housed individuals have higher average health care costs (average $7,000 for one year) than the homeless individuals (average $5,000 for one year), which is not consistent with the literature. This is may be due to the lack of hospital data for the complete time period, and the fact that most housed individuals in this study are mental health consumers, whereas the homeless people are not. These are conservative estimates as not all services are included.

The figures also suggest that the health care, criminal justice and social services costs associated with homelessness can be extremely high, but that they are not always so. Costs can also be quite low for a homeless individual who does not make much use of the system. The homeless individuals in this study had annual service related costs ranging from about $4,000 to over $80,000. The range of costs for the housed individuals was not as wide — from $12,000 to $27,000.

Housing and Support Costs

There is a range of housing and support options for British Columbia residents within the private market, the non-profit sector, and the public sector. Generally, the range reflects a continuum of housing options from high service and support levels to no service or supports. It also reflects different residential options — from less privacy to more privacy. The most expensive housing and support options are those involving institutional care for serious illness or criminal justice issues and intense levels of treatment — including acute and psychiatric hospitals and treatment facilities for substance misuse. Independent living options reflect much lower costs. Some options may not be at all appropriate for certain clients — although, by default, are used (e.g. seriously ill dual diagnosed individuals living in shelters and private SROs). While incurring costs of $20 to $90 per day, supportive housing options have the potential to stabilize illness and reduce the need for the more intense levels of service. This contrasts with emergency shelters, some of which offer few supports, but at best are temporary emergency housing, at a cost between $31 and $85 per day.

Supportive housing is an effective option for individuals who may have been chronically homeless and who have the greatest difficulty in obtaining and maintaining housing. This model has been found to help individuals end the cycle of homelessness, stabilize their lives and re-establish connections with the community. Most of the housed individuals in this study are living in supportive housing. Supportive housing is also cost-effective compared to emergency facilities that specialize in serving clients with mental illness. An emergency shelter with higher levels of support costs $60–$85 per day compared to $20–$25 for a supportive hotel, $21–$38 for a self-contained apartment with some support, or $67–$88 for an enhanced apartment.

Total Costs

The findings of this exploratory research examining government costs for a small illustrative sample of homeless and housed individuals in Vancouver suggest that decent, adequate, supportive housing not only ends homelessness, but may reduce the use of costly government services and ultimately save money.

When combined, the service **and** shelter costs of the homeless people in this study ranged from $30,000 to $40,000 on average per person for one year (including the costs of staying in an emergency shelter). The combined costs of services and housing for the housed individuals ranged from $22,000 to $28,000 per person per year, assuming they stayed in supportive housing. Thus, even when housing costs are included, the total government costs for the housed, formerly homeless individuals in this study amounted to less than the government costs for the homeless individuals. Providing adequate supportive housing to the homeless people in this sample saved the provincial government money.

Conclusions and Recommendations

The prevention approach to homelessness has proved to be more cost-effective than the emergency or reactive approach for this small sample of individuals. Focusing on preventing the use of costly government funded health care, criminal justice and social services through the provision of supportive housing for homeless people makes good sense from a financial perspective. This approach also has the benefit of improving the quality of life and well-being of homeless people. The interviews and service records suggest that in most cases, housing had a positive impact on these people's lives.

While supportive housing is cost-effective compared to emergency shelters, emergency facilities will continue to be an important component of the housing continuum. Emergency shelters are not meeting current needs, and emergency capacity to meet crisis and other needs will continue to be necessary. Supportive housing is best viewed as an option for the chronic homeless — people who tend to be continual users of some combination of emergency shelters, hospital emergency wards and the criminal justice system.

These preliminary findings suggest that if minimizing government costs is a goal, public policy and service delivery must be focused on the prevention of homelessness.

It is recommended that the provincial government undertake:

1. Initiatives that help people maintain their existing housing (eviction prevention, demolition and conversion controls, rent protection, etc.). Preventing homelessness and the corresponding human tragedy that accompanies it, would reduce government health care and criminal justice costs.

2. Initiatives that help people who are now homeless to obtain adequate, permanent, or more specifically, supportive housing as a positive alternative to emergency shelters (damage deposits, social and supportive housing). This can be accomplished by maintaining existing housing and support programs, and expanding their scope to accommodate individuals who are presently receiving no service. This includes people with addictions, people who are not connected to the mental health system, youth and other special needs groups.

3. Research to address the following related public policy issues:

   a) To the extent that this research has applied an exploratory methodology, and the findings are premised on a small illustrative sample, it is recommended that the provincial government generate a more comprehensive assessment of the costs of homelessness in British Columbia using a larger sample size and perhaps including additional services.

   b) Despite the fact that the majority of the individuals who participated in the study were drug or alcohol involved, this sample of individuals had little contact with addiction treatment services. Further research to examine the barriers to substance misuse treatment in British Columbia is recommended.

   c) The substantial US literature linking homelessness with childhood foster care, the fact that little or no Canadian research on this topic was found, combined with the characteristics of this rather limited case history sample, suggest that the relationship between family breakdown, children in state care and homelessness should be investigated in a Canadian and/or British Columbia context.

1 Introduction

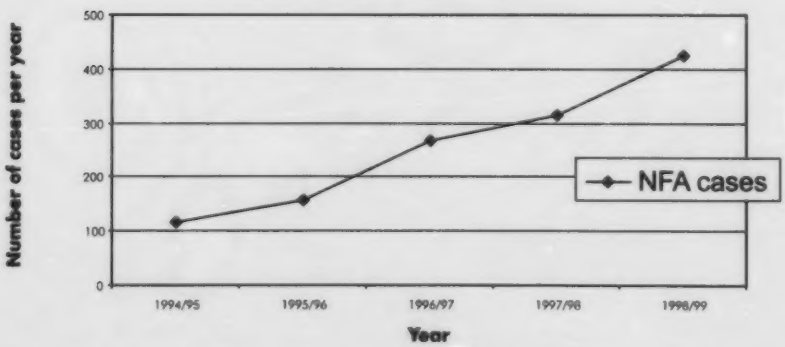
1.1 Background

There is growing awareness that there are substantial government costs, as well as private costs, associated with homelessness and these costs exceed the cost of providing adequate affordable housing and support services. Not only do homeless people use emergency shelters, but there is evidence they also tend to use the mostly costly aspects of the health care system, as well as the criminal justice system. Hospital emergency rooms and correctional facilities often provide the only shelter for some homeless people, albeit very expensive shelter. Generally, prevention and early intervention offer the best hope in reducing these costs.

The published literature shows that there is a strong relationship between homelessness and the health care, social services and criminal justice systems. People who do not have safe, secure, affordable shelter have more health concerns than the general population, experience social problems that may be exacerbated by their lack of shelter, and are more likely to become involved in criminal activity than the general public.

This tends to result in greater use of some services by the homeless, particularly hospital emergency services, emergency shelters and correctional facilities, in terms of frequency and length of use. Some specific sub-groups of the homeless, such as those individuals with mental illness, are even more likely to be involved with the health care, social services and criminal justice system. Some recent evidence supports this finding. St. Paul's Hospital in Vancouver reports that it is seeing an increasing number of homeless patients each year. The number of patients with no fixed address (NFA) has grown by almost 300 per cent since 1994, while the total number of cases has actually declined. Homeless patients represent a growing share of total patients and total patient days at St. Paul's Hospital.

St. Paul's Hospital



Source: St. Paul's Hospital, Health Records Services.

A recently completed study in Ottawa, Ontario asked a sample of homeless people about their use of health services and compared these findings with responses given by housed Canadians.[1] It found that between 25 per cent and 50 per cent of homeless adults and youth in the sample had been a patient in a hospital, nursing home or convalescent home in the last year. This compares with between 4 per cent and 11 per cent of housed Canadians, as reported in the National Population Health Survey.

Preliminary results are available from an American study comparing homeless people's use of emergency rooms, hospitals and residential mental health programs before and after moving into supportive housing.[2] It finds that within 12 months of moving into supportive housing, use of emergency rooms falls by 58 per cent and use of hospital inpatient beds falls by 57 per cent. The number of days in residential mental health programs falls from 2.5 days per year to none.

For these reasons, some observers believe that homelessness costs the health care, social services and criminal justice systems at least as much as decent affordable housing. In fact, as one observer noted: "we continue paying to put the homeless in hospital beds, while not providing them with ordinary beds of their own." (Starr 1998). The question is do we pay now, by providing those ordinary beds, or do we pay, possibly more, later, by not providing them? The costs of dealing with the consequences of homelessness, such as increased health needs, must be weighed against the cost of investing in longer-term housing solutions.

The Housing Policy Branch, Ministry of Social Development and Economic Security initiated this research project to provide a preliminary estimate of the costs of homelessness to the British Columbia government.

1.2 Purpose

The specific objectives for this exploratory research are:

- To present a cost analysis of homelessness in terms of the British Columbia health care, social services and criminal justice systems.
- To analyse whether the provision of adequate and affordable housing is a prohibitive cost to the government.

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[1] Farrell, Susan, Tim Aubry, Fran Klodawsky and Donna Petty, *Describing the Homeless Population in Ottawa-Carleton — Fact Sheets of Selected Findings*, Centre for Research on Community Services, nd.

[2] Corporation for Supportive Housing. *Supportive Housing and its Impact on the Public Health Crisis of Homelessness*. Interim Report. May 2000.

1.3 Method

This study is an exploratory use of case histories and service use records for two subsets of people — homeless people, and housed formerly homeless, individuals.

The work began with a review of existing published literature on the relationship between homelessness and the health care, criminal justice and social services systems.[3] It found growing interest in estimating the costs of homelessness.[4] While few published studies were located that dealt specifically with this issue, a number are currently underway. Completed studies find that additional costs are incurred to serve homeless individuals compared to others, even low-income individuals. In addition to reviewing the substantive findings of published cost studies, the literature review sought guidance on methodological issues. A range of approaches is currently being used that seek to answer the same question.

1.3.1 Service Use

Due to the original nature of this research, the first step was to identify possible methods of measuring service use among homeless and domiciled individuals, and to select a suitable approach. The two main approaches explored were the use of a linked administrative database, and a case history approach combined with administrative data. The case history approach was selected because it provides a rich data source on the experiences of a few individuals over a fairly extended period. It enabled the researchers to document use of a wide range of services, both from clients themselves through personal interviews and from client records with major service providers. The main advantage of this approach is that it is not restricted to services already linked in existing databases,[5] provides a better understanding of the individuals involved, and provides a sense of the accuracy of administrative data. This exploratory, qualitative first step also enables researchers and program officials to gain a more comprehensive picture of the dynamic nature of homelessness and service use. This can assist in identifying gaps in the system, refining certain programs, improving data collection, and in identifying and implementing diversion programs (which redirect individuals from emergency services to supportive services). In short it is a good first step in estimating the range of costs to the government arising from the service needs of homeless people.

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[3] See *The Relationship between Homelessness and the Health, Social Services and Criminal Justice Systems: A Review of the Literature*. Volume 1.

[4] Also, the costs of other social problems like substance misuse, violence against women and youth crime.

[5] The University of British Columbia datalink project links a series of administrative databases. This option was explored, but it was found that the databases included may provide only partial, and thus incomplete, coverage of the services likely to be accessed by the target population and time lags are significant.

The case history method involved identification of a cross sectional sample of homeless and housed formerly homeless individuals from which volunteer cases were sought. Personal interviews with selected individuals were carried out to determine, to the extent possible based on recall, their service use over the past year. Specific major interventions included:

Health care: hospital admissions, hospital emergency dept. use, physician billings (Medical Services Plan), prescription drugs, mental health services, ambulance services, fire emergency response and health clinics

Social services: BC Benefits (income support), child protection, drug and alcohol treatment

Criminal justice: correctional institutions and police services.

Experienced caseworkers familiar with the Downtown Eastside and its residents were chosen to conduct the interviews. An interview guide designed to elicit information about service use was developed and tested. It is contained in Appendix A. Upon receipt of signed consent forms and completed interviews, requests were made to each government service provider with appropriate personal identifiers, seeking administrative records detailing the use of the health, social services and criminal justice services identified above. The aim was to collect information for the previous five years, depending upon availability, and examining two distinct time periods — one year and four years.

The following ministries and service providers complied with the request: Ministry for Children and Families; Ministry of Health; Ministry of the Attorney General; Ministry of Social Development and Economic Security; Downtown South Community Health Centre; Downtown Community Health Clinic; St. Paul's Hospital; Vancouver police and fire departments; the BC Ambulance Service; and Vancouver Community Mental Health Services.

1.3.2 Costs

Cost estimates for the specific health care, criminal justice and social services included in this study were developed in a number of ways. In some instances, service providers offered a specific cost per service (MSP, Pharmacare, hospitals, BC Benefits and provincial corrections). In other cases, the provider (BC ambulance service, St. Paul's hospital emergency dept., Vancouver fire department, health clinics, and MCF addiction services and child protection) offered an estimate of the per diem or per service cost. In yet other cases, the consultants developed a cost estimate based upon published research (Vancouver police). Vancouver Community Mental Health Services provided data allowing us to develop estimates of treatment costs per client. A range of different housing and related support costs was calculated separately. See Appendix B for a description of how these costs were estimated.

1.3.3 Critical Issues

The consultants addressed a number of critical issues in the design and implementation of this research:

Identification of a Range of Cases

The study is qualitative and exploratory — it is not a definitive assessment of the complete cost impacts of homelessness in British Columbia. The primary objective is to capture a sufficient sample to identify the maximum possible range of services accessed and therefore range of costs.

Recognizing that homelessness reflects a complex set of circumstances, the selection of cases sought to encompass a broad range of individuals and circumstances. This included individuals:

- of both genders,
- of different ages and family types (youth, young adults, seniors, families),
- of different ethnicity,
- with a range of homeless experience — including long-term chronic, episodic with multiple experiences, and first time or one-time episodes only,
- with serious mental illness and addiction problems.

This goal was achieved for the most part, although a homeless family could not be located, nor were first-time homeless people included. For comparison purposes, formerly homeless individuals now living in stable accommodation for a minimum of three years were included.

Potential case history candidates were initially identified though consultation with service providers and caseworkers familiar with this population. An initial list was compiled based upon the above characteristics, and interviewers sought to find and interview the candidate. If this was not possible, another individual with similar traits was sought. To be considered for inclusion in the study, the homeless candidates were required to have been homeless for a minimum of three years. Housed candidates were required to have been housed for three years. Only individuals with Social Insurance Numbers who were able to specify their birth date were included in the study to facilitate access to service records.

Eighteen individuals were interviewed. One person declined to allow us to obtain their criminal justice records and two currently housed individuals were not housed long enough to be included in that category.

Securing Client Participation and Informed Consent

Given the nature of the homeless population, finding and securing client participation and obtaining informed consent for permission to access personal records was challenging. The interview subjects needed to trust the interviewers and feel comfortable with participation. For this reason, experienced local caseworkers were selected to conduct the interviews. In addition, the caseworkers provided advice on where and how to reach the interview subjects and reviewed the interview guide. The interviewers offered the subject a cup of coffee and an honorarium upon completion. The interviewers reported that most people they approached were willing to be interviewed. They did not however locate all the initially targeted people.

Informed consent by the participants is needed to access personal information for research purposes. Interviewees were asked to sign a consent form authorizing the researcher to obtain personal information. A lawyer accompanied the interviewers to notarize the consent forms, as required by the Vancouver police department.

Accessing Information

The ability to access personal records for the case history individuals is a critical aspect of the project. While the study aims to document case histories of a small number of individuals, the system of service delivery is large and complex, and potentially difficult to navigate. Most importantly, privacy legislation governs access to personal records, and as such, certain requirements must be met.

Preliminary discussions were undertaken with relevant ministries and service providers regarding requirements for obtaining personal information, consent and suitable personal identifiers.

Identifying Which Costs to Measure

The particular services selected for measuring and cost estimation were selected based on the literature review and interviews with case individuals (people who participated in the study).

Comparison Group of Housed Individuals

To put the costs of services used by homeless people into perspective, it is necessary to compare these with the costs of services accessed by individuals who are suitably housed. To make the comparison meaningful, formerly homeless individuals who are now residing in a supportive housing environment were selected.

1.4 Definitions

The homeless individuals included in this study are those people who are literally without shelter and who live "on the street." These same people sometimes stay in emergency shelters for accommodation. *The second* group of people included in this study is housed, formerly absolute homeless individuals.

The costs estimated here are government costs. The purpose is to explore the relative costs to the British Columbia government for a series of services that are all to some degree publicly funded. These do not represent the total costs of providing that service. In addition to the subsidies paid by government, a service provider might also receive revenue from other sources including rents and user fees from its clients and charitable donations. Thus, the effective cost of providing a service may be higher than the cost incurred by government.

1.5 Organization of Report

Section 2 provides an overview of the case history individuals. Section 3 reviews the actual services used by this sample of homeless and housed individuals. Section 4 estimates the (government) costs of providing these services. Section 5 provides an estimate of the costs of housing and support options in British Columbia. Section 6 considers service costs and housing costs together for a discussion of the total costs of homelessness. Recommendations are contained in Section 7. A copy of the interview guide is located in the Appendix A. Appendix B contains detailed housing and support cost estimates. Appendix C contains detailed case histories of ten homeless and five housed individuals, including their use of the health care, social and criminal justice services over the past year.

This report forms Volume 3 of a larger study on homelessness in British Columbia. Volume 1 is entitled *The Relationship between Homelessness and the Health, Social Services and Criminal Justice Systems: A Review of the Literature.* Volume 2 is entitled *A Profile, Policy Review and Analysis of Homelessness in British Columbia.* It describes what is known about homelessness in British Columbia, including those at risk of homelessness, and reviews related provincial and federal policies. It provides a preliminary analysis of the differences in homelessness among British Columbia, Alberta, Ontario and Quebec, and identifies policy issues facing British Columbia. Volume 4 is the Background Report containing a profile of homelessness and overview of relevant policies in Ontario, Quebec and Alberta.

1.6 Acknowledgements

The consultants would like to acknowledge the efforts of Judy Graves and her team of interviewers (Dan Berry, Barry Conroy, Ronnell Jordan, Scott Morrison and Terry Power). Their knowledge, skill and perseverance in conducting the interviews were invaluable. Judy coordinated the team and provided advice throughout the design and implementation of the interview phase. In addition, Roxanne Vachon of the Vancouver Legal Services Society was instrumental in notarizing the consent forms for each case history individual.

We would also like to thank the 15 individuals (case history participants) who told us about their past year, and who gave us permission to seek their personal service use records. This study would not have been possible without them.

1.7 Limitations

The study is meant to be an exploratory use of a method to measure service use and government costs for homeless and formerly homeless individuals. The small sample of ten homeless individuals and five housed, formerly homeless, individuals is not statistically representative of the homeless population in Vancouver. An attempt was made to compile a reasonably accurate cross-section of chronically homeless individuals, although this was not necessarily accomplished. The results can be used to depict a possible range of patterns of service use and costs. A similar study using a larger sample size is required to enable researchers to make broad generalizations about the costs of homelessness in B.C.

This study measures the *major* provincial government health care, criminal justice and social services-related costs for this sample of homeless and housed individuals. It does not measure all government serviced-related costs incurred by these individuals. For example, it does not include use of: all hospital emergency departments (only St. Paul's emergency department is included), all community health clinics (only the Downtown Community Health Clinic and Downtown South Community Health Centre are included), drop-in centres, the court system, federal correctional institutions and police services outside the City of Vancouver. That being said, the findings represent a conservative estimate of the government costs of homelessness.

In addition, the research is based upon case history individuals and service providers in Vancouver only. Service use and costs may differ elsewhere in the province due to different service availability. Costs for service needs that are not being met by the existing system are excluded.

There are other costs of homelessness — private costs and social costs. These are the costs to the homeless individual and society. Human suffering, loss of life, lost potential, costs to victims of crime — none of these important private and social costs, were quantified.

2 Overview of Case Histories

This section provides an overview of the case histories of the 15 individuals who participated in this study. The overview is based solely on the information provided by the case history individuals in their personal interviews. Briefly, the interview covered the following topics:

- Age/sex/marital and family status
- Residential history
- Emergency shelter use
- Health status
- Health services use
- Drug and alcohol use
- Emergency service use
- Receipt of income support
- Use of drop-in centres
- Child protection services
- Police involvement
- Court services
- Stays in correctional facilities
- Family history

Ten of the case history individuals are considered homeless[6] and five are housed. All five housed individuals had been homeless for many years before moving into their current accommodation. At the time of the interviews they were living in supportive hotels and semi-supportive self-contained apartments managed by non-profit housing societies.

The persons interviewed seemed willing to talk to the interviewers, answer the questions, and share their experiences. The information provided during the interviews is generally consistent with the information received when service use records were obtained, although there were some discrepancies. This is not unexpected as people may be unwilling to share certain information, or may have forgotten certain events in their past.

[6] One individual moved into non-profit room and board accommodation five months before the interview and another person moved into an SRO 10 months before the interview took place. Service use data only for homeless period.

Table 1 provides an overview of the 15 individuals (using assumed names) including their housing status, shelter use, physical health, mental health, substance misuse, social services use, involvement with the criminal justice system, family history, and immediate reason for being homeless. Case histories, which provide a more complete picture of these individuals and their service use patterns, are located in Appendix C.

2.1 Demographic Characteristics

The case history individuals represent a range of ages, both sexes and a variety of ethnicities. However, they are mostly young to middle-aged males. This is consistent with the profile of British Columbia shelter users from the shelter user snapshot.[7] Although the individuals are distinguished by their current housing situation (ten are homeless and five are housed), their demographic characteristics and past housing profile are similar. Individuals of Aboriginal origin are over-represented in this sample (7 out of 15). The British Columbia shelter client snapshot found that 13 per cent of Lower Mainland shelter clients were Aboriginal.

Of the ten homeless individuals, only one was a woman. The men were between the ages of 18 and 58 years old. Four were Aboriginal, four were Caucasian, and one was of mixed ancestry. All homeless individuals were single at the time. Many different reasons were given as the immediate cause of being homeless. These included family breakdown, drug addiction, eviction, correctional facility or release from a correctional facility, and loss of Employment Insurance benefits.

Three of the five housed individuals was women who were between 33 and 45 years of age. Two of these women were Caucasian the other was Aboriginal. The two housed men represent different ages and ethnicities.

2.2 Housing Situation and Use of Shelters

Most of the homeless people interviewed used emergency shelters some of the time. Seven of the ten homeless individuals stated that they "sleep rough" most of the time. This included sleeping in ex-industrial sites, abandoned buildings, in the park, and on the beach. Two individuals never used emergency shelters. One person stated that he did not like to use the shelters because of "negative energy" and "bad vibes." The other person was no longer permitted to use shelters because of his behaviour. One individual slept in shelters most of the time.

At the time of the interview, one man had been living in room and board housing operated by a non-profit society for about five months. Before that, he had lived in and out of SRO hotels for many years. He still used the emergency shelters on occasion if he was unable to go home. The homeless

[7] BC Shelter Users Snapshot, November 19, 1999. See *A Profile, Policy Review and Analysis of Homelessness in British Columbia*. Volume 2 of this study.

woman had been living in a city-operated SRO for about ten months prior to the interview. Before moving into the SRO, she spent a great deal of time in emergency shelters. During this period, she continued to use emergency shelters on occasions when it was too difficult to get home.

Five of the homeless individuals had been without a permanent address for one to three years prior to the interview. Two individuals had been moving in and out of SROs for many years. Another individual was homeless for a few months before the interview, but had experienced periods of homelessness before then. Most could be considered chronically homeless.

Prior to becoming homeless, these homeless people stayed:

- in SROs;
- with roommates; or,
- at a correctional facility.

Among the housed case history individuals, three were living in a supportive SRO hotel managed by a non-profit housing society. The other two were living in semi-supportive self-contained non-profit housing. Before moving into their current housing, all the individuals had a history of homelessness. This included sleeping in cars, on the street, using the shelters, and moving in and out of SROs. One housed individual who suffered from mood swings and personality disorder used an emergency shelter in the past year when she became ill, as she did not want to be alone.

Table 1: Overview of Case History Individuals

Name	Housing	Shelter use	Physical Health	Mental Illness	Substance Misuse	Social Services	Criminal Justice	Family History	Immediate Reason Homeless
Homeless									
Adam	Homeless	Yes	Fair—Hep C Feet probs	No	Heroin daily	$175/m BC Benefits Drop in centres	Yes	Not available	Reconciliation with ex-spouse didn't work
Bob	Homeless	Yes	Good— Feet swelling Pain in joints Osteroarthritis Malnutrition	Unsure	Occasional use of heroin	No BC Benefits Drop-in centres	Yes	Not available	Restless Unstable living conditions
David	Homeless	No	Good— High blood pressure Broken tooth	Depression	Marijuana	No BC Benefits Drop-in centres	Past	Foster homes	EI ran out and roommate stole rent
Frank	Homeless	No	Good— Chronic fatigue? Fibromyalgia?	Paranoid schizophrenia	Alcohol	$496/m disability benefits Drop-in centres	No	Distant parents Stable family background	Evicted from SRO
George	Homeless	Yes	Bad—Flu	No	Crack every day	No BC Benefits Drop-in centres	Yes	Moved often Saw father once a year	Lost housing when sent to correctional facility

Name	Housing	Shelter use	Physical Health	Mental Illness	Substance Misuse	Social Services	Criminal Justice	Family History	Immediate Reason Homeless
Harry	Homeless	Yes	Good—Cold, headaches, sores, back pain	No	Marijuana, crack, alcohol	$175/m BC Benefits Drop-in centres	Yes, in past	Foster care since birth	Power shut off in previous place Moved to DTES
Ian	Homeless	Yes	Fair—Hep C	No	Heroin and crack 30 times in last month	Detox 3 times Drop-in centres	Yes	Foster care and Youth Detention	Released from correctional facility Addicted to heroin
John	Homeless	Yes	Poor diet	No	2 joints of marijuana /day	$165/m Drop-in centres	Yes	Foster care all his life	Evicted Unable to obtain sec. dep. due to past damage
Kevin	Non-profit Room & Board 5 months	Yes	Fair—eyes cramps	No	Chronic alcoholic	BC Benefits	Drunk tank	Moved often Good relations with parents	Not applicable
Laura	City SRO 10 months	Yes	Poor—HIV+ Other Health issues	No	Cocaine 20 times/day	$811/m BC Benefits Drop-in centres	Yes	Foster care often abuse	Not applicable

Name	Housing	Shelter use	Physical Health	Mental Illness	Substance Misuse	Social Services	Criminal Justice	Family History	Immediate Reason Homeless
Housed									
Eliz	Non-profit Supportive Housing 4 yrs	No	Good— HIV+ infection	Schizophrenia	Not now	$811/m Children in foster care Drop-in centres	Past	Abusive foster home	Not applicable
Martha	Non-profit Supportive Hotel 5 yrs	No	Fair— heart problems	No	Methadone– Crack and Heroin twice a week	$825/m BC Benefits Drop-in centres	No	Parents separated on and off Good relations with parents	Not applicable
Paul	Non-profit Supportive Hotel 6 yrs	No	Not good— weight loss Cancer? Pain	Bi-polar	Some alcohol	$771/m BC Benefits	No	'Middle class' No contact since mental health issues	Not applicable
Ruth	Non-profit Supportive Hotel 3 yrs	Yes	Average	Mood swings Personality disorder	Smokes crack marijuana	$911/m BC Benefits Drop-in centres	Yes assault	Foster care since young	Not applicable
Stanley	Non-profit Supportive Hotel 3 yrs	No	Good	Schizophrenia	Occasional marijuana	$771/m BC Benefits Drop-in centres	No	Adopted Good relationship	Not applicable

2.3 *Physical Health and Use of Health Services*

Most of the homeless and housed people interviewed were suffering from some form of physical health concern, especially the homeless individuals. Some homeless people, who described themselves to be in good health, nonetheless reported some health concerns. Overall, the health issues identified by the homeless people in this study are:

- Hepatitis C
- HIV positive
- Swollen or badly infected feet
- Joint pain
- Poor diet, weight loss, malnutrition, lack of protein
- High blood pressure
- Chronic fatigue syndrome
- Fibromyalgia
- Flu, cough, cold
- Bad headaches
- Problems with eyes
- Stomach cramps
- In a wheelchair

Six of the homeless individuals stated that they would most likely use a medical clinic if they had a health problem. One person would use a clinic or emergency hospital, and three individuals stated that they would go to the hospital if they had a health problem. According to the interviews, seven of the homeless individuals went to the emergency department of a hospital for a variety of reasons in the past year. These included cuts, infections, broken collarbone, drug overdoses, alcohol poisoning, and an accident.

Eight of the ten homeless individuals reported dental problems including broken, missing, and aching teeth. Only four of the individuals received dental care in the past year.

Among those case study participants who are housed, the following health concerns were noted:

- None
- HIV
- Heart problems
- Poor health — unspecified
- Weight loss
- Pain

Four of the five housed individuals used a medical clinic as their primary source of health care. They may also go to one of the nearby hospitals. One person saw her family doctor for methadone treatment every two weeks. All four of the housed individuals with a mental illness went to a hospital emergency department at least one time in the past year as a result of their mental illness. One person stated that she used to go to hospital more often.

Information on dental health was provided by four of the five housed interviewees. Three of the four individuals had seen a dentist in the past year. One of these persons reported dental problems. One individual, who did not see a dentist, reported dental problems.

2.4 *Mental Health and Use of Mental Health Services*

Three of the ten homeless individuals believed that they have some form of mental health issue. However, none of them were receiving treatment or participating in a mental health program. One individual thought he might be suffering from depression. Another person believed he suffers from paranoid schizophrenia. The third individual was not sure if he has a mental health problem.

The situation is much different for the housed individuals in this study. Four of the five housed individuals reported that they had some form of mental illness. These included:

- schizophrenia;
- bi-polar disorder and deep mood swings; and,
- personality disorder.

All were receiving treatment or participating in a program for their illness, and taking medication, as prescribed.

It appears that the housed individuals in this study tend to be mental health consumers. This may be explained by the fact that British Columbia has several supportive housing options targeted to mental health clients, but fewer units for others with special needs. This may not be a totally representative selection of housed, formerly homeless individuals. Their inclusion in the study could tend to raise their service-related costs compared to other housed individuals who are not mental health consumers.

2.5 *Drug and Alcohol Use and Treatment*

Most individuals who participated in the study, both homeless and housed, are (or have been) involved with drugs or alcohol. It is not known if substance misuse preceded life on the streets or occurred as a result of life on the street. Two housed individuals were in recovery or receiving methadone treatment.

All the homeless individuals in this study were using drugs and/or alcohol. Drug and alcohol use ranged from:

- occasional consumption of alcohol or drugs;
- daily use of heroin; and,
- cocaine 20 times per day.

One individual was in a detox centre three times in the past year. The others received no drug or alcohol treatment in the past year. Two individuals stated that they had been in a detox centre in the past.

The people in this small sample of housed individuals were more likely to be working to address their addiction compared to the homeless individuals in this study. One housed individual reported that she used to be addicted to alcohol and drugs, but now participates in support programs. Another was involved in methadone treatment and uses crack and heroin twice a week. Another individual did not use recreational drugs but often drank about half a dozen beers. The other two individuals smoked marijuana. One smokes marijuana every day and used crack in the past month — although she tried to stay away from this. The other smoked marijuana about once every two months.

2.6 Social Services Use

Questions about social services use included income support, known as BC Benefits, drop-in centres, and child protection services. Four of the homeless individuals stated that they receive no income support at all. One of the reasons given was that the process is too complicated. One person reported being cut off for not participating in the programs. Another four persons received the basic amount for benefits or for disability. They did not receive an amount for shelter.[8] The two individuals who were housed at the time of the interview received an amount for both benefits and shelter. All the individuals made frequent use of the drop-in centres, except for two of the housed individuals.

All the housed individuals were receiving BC Benefits, including an amount for shelter. They also used several of the drop-in centres. One of the women said she had children in foster care.

[8] To be eligible for the shelter component of income assistance, one must be living in some form of permanent accommodation.

2.7 *Criminal Involvement and Use of Justice System*

Seven of the ten homeless individuals stated that they had spent some time in a correctional facility in the past year. Some of the reasons for incarceration included:

- shoplifting;
- break-ins;
- assault;
- failure to appear; and,
- drug offence.

It appears that individuals who had the greatest involvement with the criminal justice system were those with the greatest substance misuse issues.

The housed case study individuals had significantly less involvement in the criminal justice system compared to the homeless population. Only one housed person reported spending some time in a correctional facility in the past year. The other housed individuals stated that they had no contact with the police in the past year. Some of these persons had greater involvement with the police before they were housed. One person stated that he has had no contact with the police since he moved into his present home, and he has spent no time in a correctional facility since then. He also noted that he stopped breaking windows after he began living in his present home.

2.8 *Family History*

Many of the case individuals experienced some form of family breakdown or periods of being 'in care' as children. Of the 15 individuals, seven were in government care for part or all of their childhood.

Five of the ten homeless individuals grew up 'in care' — some since birth. In some cases, these children suffered both sexual and physical abuse while growing up. Moving often was also cited by several of the case individuals.

Of the five housed individuals in this study, two were raised in foster homes from an early age. Another individual was adopted as a child, and cited a good relationship with the adoptive parents. Two others described their relations with parents as good while growing up.

3 Services Used

This section summarizes the case study individuals' use of specific health care, criminal justice and social services as reported by providers from their administrative records for the period September 1, 1998 to August 31, 1999. Where service provider records differ from the individual's recollection, *service provider records are used.* Again, it is important to note that the services documented here represent the *major* services used by the case history individuals, and are ultimately a conservative depiction of their actual contact with the health care, social services and criminal justice systems.

3.1 Health Care

Information on use of a range of health care services is presented in Table 2. This includes:

- emergency department visits (St. Paul's Hospital only);
- admissions to all provincial acute hospitals;
- Downtown South Community Health Clinic visits;
- Downtown Community Health Clinic visits;
- Medical Service Plan services;
- Pharmacare (the provincial prescription drug plan) prescriptions;
- Vancouver Community Mental Health Services (formerly GVMHSS) mental health services;
- psychiatric hospital admissions (Riverview and Venture);
- BC ambulance services; and,
- Vancouver fire department emergency response.

The notes to Table 2 describe the specific services included in each category and the information source.

It is difficult to discern patterns of use in this small sample. One homeless individual was an extraordinarily heavy user of the system. Inclusion of this individual tends to inflate average figures, particularly in terms of the number of days stayed in hospital. Only a couple of homeless individuals visited physicians and used the prescription drug plan on a regular basis. The homeless individuals had virtually no contact with the mental health system during this time period. Six homeless individuals had either no involvement or very limited use of the health care system. On average, the homeless individuals used preventive health care services less than the housed individuals.[9]

[9] Note that hospital admissions are under-represented as hospital data was available only for the period September 1, 1998 to March 31, 1999.

Service use figures show that the housed individuals in this study tended to use certain parts of the health care system more than the homeless case individuals. The predominant health care services accessed by the housed individuals in the study were health clinic visits, physician services billed through Medical Services Plan, prescription drugs through Pharmacare and mental health treatments.

Overall, the housed people in this study tended to use the health care system more frequently. The average number of *contacts* per person that year for housed individuals was much higher than for the homeless individuals (233 compared to about 52). This is not unexpected. First, having a home permits one to pay attention to other important aspects of life, such as personal health. And second, as stated previously, the housed individuals in this sample were mostly mental health consumers who made use of various mental health services.

Table 2: Health care services used, 1998–1999

	1	2	3	4	5	6	7	8	
Homeless Individuals	**Hospitals**	**Emergency (St. Paul's)**	**Clinics**	**Ambulance**	**Medical Services Plan**	**Pharma-care**	**Mental Health Services**	**Fire dept. Emergency response**	**Total health care**
	# days	**# visits**	**# visits**	**# trips**	**# services**	**# prescrip-tions**	**# services**	**# visits**	**# contacts**
a	0	0	1	0	0	0	0	0	1
b	0	0	0	0	0	0	0	0	0
d	0	0	0	0	0	0	0	0	0
f	0	0	0	0	0	23	2	0	25
g	0	0	0	0	0	0	0	0	0
h	7	9	2	0	5	3	0	0	26
i	2	4	1	3	39	10	0	1	60
j	0	1	0	0	0	5	0	0	6
k	0	0	0	0	1	1	0	0	2
l	40	3	0	2	168	185	0	0	398
Total	49	17	4	5	213	227	2	1	518
Average	5	2	0.4	0.5	21	23	0.2	0.1	52

Table 2: Health care services used, 1998–1999—Continued

	1	2	3	4	5	6	7	8	
Housed Individuals	Hospitals	Emergency (St. Paul's)	Clinics	Ambulance	Medical Services Plan	Pharma-care	Mental Health Services	Fire dept. Emergency response	Total health care
	# days	# visits	# visits	# trips	# services	# prescrip-tions	# services	# visits	# contacts
e	6	3	17	4	33	60	108	1	232
m	0	0	0	0	137	343	0	0	480
p	0	10	2	10	0	4	156	0	182
r	0	0	1	1	9	0	79	0	90
s	0	0	0	0	0	7	172	0	179
Total	0	13	20	15	179	414	515	1	1163
Average	0	3	4	3	36	83	103	0.2	233

Notes: All data for period Sept. 1 1998 to August 31, 1999 unless otherwise noted.

1. Admissions to all provincial acute care hospitals. Includes acute, rehab and day surgery. Period Sept. 1, 1998 to March 31, 1999 only. Source: Ministry of Health, Information Analysis Branch. Admissions to psychiatric hospitals (Riverview and Venture), Source: Vancouver Community Mental Health Services.
2. Emergency visits to St. Paul's Hospital. Source: St. Paul's Hospital Health Service Records.
3. Downtown South Community Health Centre and Downtown Community Health Clinic
4. BC Ambulance Service service calls. Due to the nature of emergency response, the department is not always able to obtain a client's name. Service use data likely underestimates actual use.
5. Medical Services Plan fee for service data. This includes: physician visits, specialist visits, counseling, tests. Source: Ministry of Health, Information Analysis Branch.
6. Pharmacare Plans C, G and A. C= active Ministry of Social Development and Economic Security medical coverage. Source: Ministry of Health Information Analysis Branch.
7. Mental health services include assessment, treatment, medication review, rehabilitation services and referrals. Source: Vancouver Community Mental Health Services.
8. Fire department emergency responses. Fire, accidents and medical. Due to the nature of emergency response, the department is not always able to obtain a client's name. Service use data likely underestimates actual use. Source: City of Vancouver Fire Department.

3.2 Criminal Justice

Table 3 summarizes criminal justice system use by the case history individuals. It includes information on:

- stays in provincial correctional institutions;
- days under community supervision; and,
- Vancouver police incidents (arrests and charges).

Overall, the homeless individuals show greater involvement with criminal justice services with an average of 39 contacts per person compared to 19 contacts per person for the housed individuals for the year in question.

Six out of 10 homeless individuals show involvement with the criminal justice system. Only two spent time in an institution that year. Some were also victims of crime (not shown). All homeless people who have criminal involvement are drug users. Most of the days spent within the provincial correctional system by these homeless individuals were spent under community supervision (246 days). The housed case history individuals spent no time in correctional institutions over this period.

Table 3: Criminal justice services used 1998–1999

	1	2	3	4	
Homeless Individuals	**Correctional Institution**	**Community Supervision**	**Police — arrests**	**Police — charges**	**Total criminal justice**
	# days	**# days**	**#**	**#**	**contacts**
a	0	0	3	5	8
b	0	0	0	0	0
d	0	0	0	0	0
f	0	246	1	1	248
g	92	0	5	9	106
h	0	0	0	0	0
i	0	0	3	4	7
j	7	0	3	3	13
k	0	0	0	0	0
l	0	0	3	3	6
Total	99	246	18	25	388
Average	10	25	2	3	39

	1	2	3	4	
Housed Individuals	**Correctional Institution**	**Community Supervision**	**Police — arrests**	**Police — charges**	**Total criminal justice**
	# days	**# days**	**#**	**#**	**contacts**
e	0	0	0	0	0
m	0	0	0	0	0
p	0	90	0	0	90
r	0	0	2	2	4
s	0	0	0	0	0
Total	0	90	2	2	94
Average	0	18	0.4	0.4	19

Notes:

1. Stays in a provincial correctional institution. Source: Ministry of Attorney General.
2. Offenders on a community order (probation or conditional sentence). Source: Ministry of Attorney General.
3. Individuals arrested by police in the City of Vancouver. Does not include being detained by police. Source: City of Vancouver Police department.
4. Individuals charged by police in the City of Vancouver. Source: City of Vancouver Police Department.

3.3 Social Services

Information on the use of BC Benefits (income support), provincial addiction treatment, and family and child protection services was obtained for each individual who participated in the study.[10]

Most homeless case individuals in this study (eight out of ten) received BC Benefits during the period in question as did all housed case individuals. Information is not available on the number of months each individual received benefits, only the total dollar amount paid out. However, using standard benefit rates, it appears that most individuals who were in receipt of benefits did so for the full 12 months.

MCF Addictions Services Branch records show that only one of the case history individuals (homeless) actively received any form of drug or alcohol treatment in the past year, spending 74 days in a detox program. This is despite the fact that 13 out of the 15 case individuals stated that they are drug or alcohol involved.

Government records show that one individual (homeless) had a family member in foster care during the 1998/99 time period.

3.4 Summary

The small sample size precludes observations that generalize about the entire population of homeless and formerly homeless individuals. Bearing this in mind, the figures show, on average, the homeless individuals in this study showed greater use of the most expensive elements of the health care and criminal justice systems — hospitals and correctional institutions. It also appears that one can group the homeless individuals in this study by amount of services they use. This is clear from both the interviews and service use records. Some homeless individuals are heavy service users, while others tend to avoid using these services altogether, to the extent that they can. This might have implications for future service use, particularly in terms of health care.

[10] Total BC Benefits received. Source: Ministry of Social Development and Economic Security. Detox programs, residential treatment facilities and outpatient treatments. Source: Ministry for Children and Families. Child and family services, Source: Ministry for Children and Families.

4 Health Care, Criminal Justice and Social Services Costs

4.1 September 1, 1998 to August 31, 1999

Table 4 provides the estimated cost to the British Columbia government for one year of providing services to the housed and homeless individuals who were part of this study. The costs are based on service use as reported in the previous section using provider administrative records and actual costs as determined by providers or cost estimates compiled by the study team.

The figures show that in 1998–1999 providing major government health care, criminal justice and social services to the homeless individuals in this study cost, on average, 33 per cent more than the housed individuals *in this study* ($24,000 compared to $18,000).

The major cost category for many of the homeless individuals in this sample is criminal justice (average $11,000 for one year). The major cost category for most of the housed individuals in this study is social services (average $9,000), consisting primarily of BC Benefits. Housed individuals are more likely to be consistently receiving BC Benefits, including the shelter component, in order to pay rent. This is in contrast to homeless people who are eligible only for the basic support amount. Additionally, as the case history interviews showed, a significant share of the housed individuals is eligible for disability benefits at a higher rate. The housed individuals have higher average health care costs (average $7,000 for one year) than the homeless individuals (average $5,000 for one year), which is not consistent with the literature. This is may be due to the lack of hospital data for the complete time period, and the fact that most housed individuals in this study are mental health consumers, whereas the homeless people are not.

The figures also suggest that the health care, criminal justice and social services costs associated with homelessness can be extremely high, but that they are not always so. Costs can also be quite low for a homeless individual who does not make much use of the system. The homeless individuals in this study had annual service-related costs ranging from about $4,000 to over $80,000. The range of costs for the housed individuals was not as wide — from $12,000 to $27,000.

There are people living on the streets that actively avoid the 'system,' relying only on basic BC Benefits. They tend not to use either the preventive or emergency health care system, may or may not end up in the criminal justice system, and avoid social services like emergency shelters.

These homeless individuals appear to use few of these major services and therefore cost the government little *at this point in time*. However, many of the case history individuals are relatively young. As they age, service use patterns may change. Thus these estimates do not account for longer-term costs that may be incurred by individuals currently avoiding services.

Table 4: Costs of service use, Sept. 1, 1998 — Aug. 31, 1999

Homeless Individuals	Health Care	Criminal Justice	Social Services	Total Cost
	$	$	$	$
a	26	17,776	3,915	21,717
b	–	–	4,175	4,175
d	–	–	4,855	4,855
f	3,505	5,428	6,969	15,902
g	–	47,377	186	47,563
h	3,961	–	4,210	8,171
i	5,157	15,554	1,656	33,367
j	168	14,634	75	14,877
k	120	–	6,674	6,794
l	34,201	13,332	35,215	82,748
Total cost	47,201	114,101	78,930	240,170
Average cost per person	4,714	11,410	7,893	24,017

Household Individuals	Health Care	Criminal Justice	Social Services	Total Cost
	$	$	$	$
e	16,402	–	10,325.00	26,727
m	3,809	–	8,366.00	12,175
p	8,429	360	10,023.00	18,812
r	3,365	8,888	9,409.38	21,663
s	3,008	–	8,810.00	11,818
Total cost	35,013	9,248	46,933.38	91,194
Average cost per person	7,003	1,850	9,386.68	18,239

4.2 1994 to 1998

Table 5 provides cost estimates for services used by the homeless individuals in this study for the preceding four year period from September 1, 1994 to August 31, 1998.[11] The figures show that the average costs per person per year for health care, criminal justice and social services are less in this time period than in the one year time period. The average annual cost per person was $15,000 between 1994 and 1998 compared to $24,000 per person for the year September 1, 1998 to August 31, 1999. The reason for this difference is unclear. It could be that homeless individuals use more services with each year they remain on the street.

Again the figures show that some individuals (six) are successful in virtually avoiding the health care and criminal justice system resulting in total costs of less than $25,000 for four years. Three individuals were heavy users of the system, primarily health care and criminal justice, although high social services costs indicate child welfare costs.

Table 5: Costs of service use 1994 to 1998

Homeless Individuals	Health Care	Criminal Justice	Social Services	Total Cost
	$	$	$	$
a	0	64,013	11,403	75,417
b	150	13,332	4,900	18,382
d	3,540	0	2,718	6,258
f	4,912	51,848	23,540	80,300
g	24,747	80,841	20,709	126,296
h	1,237	1,440	10,304	12,981
i	204	4,696	1,479	6,379
j	61	0	21,217	21,278
k	10,851	0	7,841	18,692
l	92,691	21,650	133,323	247,663
Total	**138,392**	**237,820**	**237,433**	**613,645**
Total cost	13,839	23,782	23,743	61,365
Average cost per person	3,460	5,945	5,936	15,341

[11] We were unable to employ the historical service use data for the housed individuals as they were not housed long enough to be considered stabilised by 1994.

5 Costs of Housing and Support

This section of the report estimates the direct costs of a range of housing and related support services that are part of a continuum of responses to homelessness in British Columbia. The purpose of this analysis is to provide a basis for comparing the cost of emergency-based residential responses to homelessness and strategies that are part of a more comprehensive prevention-based approach. This work is modeled on a similar analysis done for the Mayor's Homelessness Action Task Force in Toronto. Appendix B provides a description of the methodology.

It is generally recognized that a full range of housing and support options is needed to address the housing needs of a diverse population. There is a range of housing and support options for British Columbia residents within the private market, the non-profit sector and the public sector. Table 6 summarizes the key elements of the existing housing and support system in British Columbia. It reflects a continuum of responses from high service and support levels to no service or supports. It also reflects different residential components — from less privacy to more privacy. The table describes each option, including program name if applicable, as well as clients served, type of housing and services/support levels. It also provides examples of this type of housing, specifically those used to develop per diem cost estimates.

Table 6: Continuum of Housing and Support Responses to Homelessness in British Columbia

	Response	Type of Facility	Clients	Shelter/ accommodation	Support Services	Example
	Emergency System					
1.	Correctional Facility/holding cell	Typically overnight —cell accommodation, meal	Individuals with behavioural difficulties (may be related to substance misuse)	Cell only	Very limited— possible outreach to social workers	Vancouver City lock-up and provincial community and minimum security correctional facility
2.	Psychiatric and acute hospital emergency	Both emergency and temporary beds	Mental illness and dual diagnosed	Hospital bed (ward)	Psychiatric care and rehabilitation	Riverview
3.	Emergency shelters —most support	Limited stay emergency facilities (typically 3-7 day stay)	Homeless and individuals with mental illness and substance misuse issues	Shared and single rooms	Supervised shelter with various health, life-skill counseling, medical and housing referral	Lookout, Triage (Van), Surrey Men's shelter (Surrey) Street Link (Victoria)
4.	Emergency shelters —some support	Typically overnight shelter only (some 24hr, other night-time only) medium-large scale	Homeless: recently evicted individuals; recent immigrants and the very poor	Generally dormitory accommodation	Meals (dinner/breakfast) May be linked to a daytime drop-in centre	Salvation Army (Haven, Harbour Lights)
5.	Drug and alcohol treatment and recovery centres	Specialized treatment	Substance/alcohol misuse	Room and board	Intense treatment, meals, 24 hr supervision	Vancouver and Cordova Deox; Treatment—Turning Point, Miracle Valley
	Semi-permanent/long-term supportive					
6.	Mental health residential facilities	Specialized small scale mental health residence	Individuals with mental illness, requiring ongoing support	Private room in group home	24 hr staffing Assist with daily living, meals and personal, social and life skills	GVMHSS

	Response	Type of Facility	Clients	Shelter/ accommodation	Support Services	Example
	Semi-permanent/long-term—independent living					
7.	Enhanced apartments (formerly called congregate housing)	Mid-sized property providing 10-20 rooms Semi-permanent	Individuals with mental illness. Some restrictions on living independently. May have some risk of substance misuse or anti-social behaviour	Private units with option for shared meal in common dining room	Community Health/Support worker visits during day	GVMHSS, Options (Surrey)
8.	Supportive SRO hotels/motels	Mid-large properties —providing very small bed-sit rooms	Individuals with serious health and other concerns, e.g. low income urban singles, needs such as alcohol/ drug misuse, HIV, mental illness	Very small bed-sit rooms with common kitchens	Unstructured but responsive supportive environment with 24 hr supervision	Sunrise and Washington hotels
9.	Homeless/At Risk Housing Component of HOMES BC (HARH)	Multi-serviced housing New building formerly called second state housing	Homeless at Risk, women fleeing violence, youth low income urban singles	Self-contained units	Modest supports Daytime staffing	BCHMC Swift House Pandora (Coolaid) Jim Green Residence (Lookout)
10.	Supported Independent Living Program (SILP)	Buildings or satellite rental units with out-reach support	Individuals with severe and persistent mental illness	Self-contained units	Basic support— community health worker visits Personal social and life skills support	GVMHSS, Mental Patients Association
	Residential—No Support					
11.	SRO/Rooming House	Medium—large sized building 4–20+ units including former residential hotels (SRO)	Singles	Room only. Share bathroom. Might have cooking/ eating facilities	Minimal supports	Private SRO Hotels
12.	Self contained apartment—mini suite/bachelorette	Property may accommodate 6–100 units. Common space may or may not be included	Singles. Able to live independently, including cooking for self	Fully self-contained, but small. Private bath and kitchenette	No support services on site. May be linked to a drop-in centre to assist in counseling employment training and placement etc.	Non-profit or private rental—small suites— Ford, Columbia, Europe (Affordable Housing Society), Mike Gidora Place (Cool Aid)
13.	Self contained apartment— average size	Apartment building	Singles and families Able to live independently	Fully self contained apartments (Bach-4+ bed)	No support services (although where operated by non-profit may be a very light level of support i.e.—a more benevolent landlord)	Any non-profit (BC Housing) or private rental

Table 7 displays estimates of the per diem costs of these housing and support options. They are shown in descending order, with the most costly emergency or crisis facilities listed first. Where appropriate, options are categorized by the level of service or support provided. These figures were calculated using typical or representative examples of each type of housing or facility. The purpose of these estimates is to permit comparison of the different elements of the housing and support system used by homeless individuals, particularly the emergency type responses with the preventive responses.

Table 7: Expenditure estimates for British Columbia housing and support options

Emergency/Crisis facilities	
Acute care hospital N/A[12]	
Psychiatric hospital $200–$600/day (St. Paul's psychiatric ward $500/day) Average $380/day	
Provincial correctional institutions $155–$250/day	
Correctional facility/holding cell $90–$125/day	
Drug and alcohol treatment and recovery centres	
Detoxification centres $80–$185/day	
Recovery centres $40–$65/day	
Emergency shelters	
Most Support	***Some Support***
Emergency shelter with more support $60–$85/day	Emergency shelter with some support $31–$38/day

[12] Due to the wide range of costs incurred for different types of hospital admissions, the Ministry of Health does not use per diem cost estimates. Instead it uses cost per weighted case and resource intensity weights to more accurately determine hospital costs. The average hospital cost per day for the individuals in this study is $512.

Table 7: Expenditure estimates for British Columbia housing and support options — Continued

Housing		
Most Support	***Some Support***	***No Support***
Residential facility for people with mental illness (group home) 24 hr staffing $140–$191/day	Self contained housing with some program assistance (HARH) $32–$38/day	Self contained apartment $25–$35/day
Supportive housing Enhanced apartments (combination of private living space, shared meals and outreach support staff) $67-$88/day		Mini suite $14-$20/day
Supported Independent Living Program (SILP) Apartments leased in private buildings, rent subsidies, and outreach workers $21-$38/day		
Supportive hotels Single room occupancy hotels leased and managed by non-profit societies with on-site staff support to provide services to adults with special needs such as mental illness, addictions, HIV/Aids etc. $20-$25/day		Single Room Occupancy hotels $11

Source: Steve Pomeroy. See Appendix B.

Table 7 shows that the most expensive interventions are those involving institutional care for serious illness or criminal justice issues and intense levels of treatment — including acute and psychiatric hospitals and treatment facilities for substance misuse. Independent living options reflect much lower costs. Some options may not be at all appropriate for certain clients — although, by default, are used (e.g. seriously ill dual diagnosed individuals living in shelters and private SROs). While incurring costs of $20 to $90 per day, supportive housing options have the potential to stabilize illness and reduce the incidence of need for the more intense levels of service. This contrasts with emergency shelters, some of which offer few supports, others more support, but at best are temporary emergency housing and cost between $31 and $85 per day.

Staying in an acute or psychiatric hospital is the most expensive option at an average cost of $512 per day for acute and $380 per day for psychiatric. This amount of funding could be used to provide permanent supportive housing for between two and 20 individuals, depending on the level of support required.

Estimates show that it costs $155–$250 per day to maintain an individual in a provincial corrections facility and $90–$125 per day in a correctional facility or holding cell. This compares to a cost of $25–$38 per day to provide a permanent self-contained unit depending on the level of support services that are provided. For example, it would be possible to provide permanent housing for six or seven individuals for the same price as maintaining one person in a correctional facility. For individuals with a mental illness who require 24-hour support in a residential facility, it would cost $140 to $191 per day to provide permanent housing, which is still less than the cost of incarceration.

A significant number people staying in emergency shelters in British Columbia are addicted to drugs and alcohol.[13] In addition, the literature shows that individuals who are addicted to drugs and alcohol are most likely to become involved in the criminal justice system. The costs of alcohol and drug treatment would be significantly less than a correctional facility. The cost of staying in a detox facility ranges from $80 to $185 per day, which is almost half the cost of staying in a provincial corrections facility ($155–$250 per day). Recovery centres cost considerably less at $40 to $65 per day.

Mental health residential facilities provide moderate to high levels of support for seriously ill clients. Because these homes tend to be deliberately small and service levels high, the cost per assisted household appears high (totaling $60–$191). In many cases, the alternative for these mental health residential facilities is acute psychiatric care in hospital (average $380 per day).

Supportive housing is an effective option for individuals who may have been chronically homeless and who have the greatest difficulty in obtaining and maintaining housing. This model has been found to help individuals end the cycle of homelessness and evictions, stabilize their lives and re-establish connections with the community. Most of the housed individuals in this study are living in supportive housing. Supportive housing is also cost-effective compared to emergency facilities that specialize in serving clients with mental illness. An emergency shelter with higher levels of support costs $60–$85 per day compared to $20–$25 for a supportive hotel, $21–$38 for a self-contained apartment with some support, and $67–$88 for an enhanced apartment.

Service and support costs for some emergency shelters reflect high housekeeping, maintenance expenses and support services. Facilities like Triage and Lookout provide a relatively high level of service, dictated by clients with a high level, complexity and acuity of health needs who have had difficulty accessing other housing ($60 to $85 per day).

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[13] *A Profile, Policy Review and Analysis of Homelessness in B.C.* Volume 2.

Emergency shelters that provide some support cost $31–$38 per day. While providing only temporary group facilities (typically), these shelters cost about the same on a daily basis as providing a permanent housing unit built under HARH for an individual who requires some support ($32 to $38 per day).

Most homeless people in this study said they used emergency shelters some of the time. Cost estimates using per diems need to take this into account. Unfortunately, shelter use data for the case history individuals was not available. For estimation purposes, it is assumed that the homeless people in this study stay in an emergency shelter one-third to one-half the time.[14]

For homeless people who do not require support services, decent, secure and affordable housing is a good alternative. Households with low incomes could be effectively housed in self-contained apartments at a cost of $25–$35 or in smaller units at a cost of $14–$20. This compares with $31–$38 per day for emergency shelters with some support.

While on the surface, private SROs appear to be the least expensive housing option, there are no support services. In most cases, accommodations are not well maintained, are very small and the supply is shrinking. Despite the apparent savings offered by less costly housing options such as SROs, it is important keep in mind that a range of housing and support options best serves the needs of a diverse population.

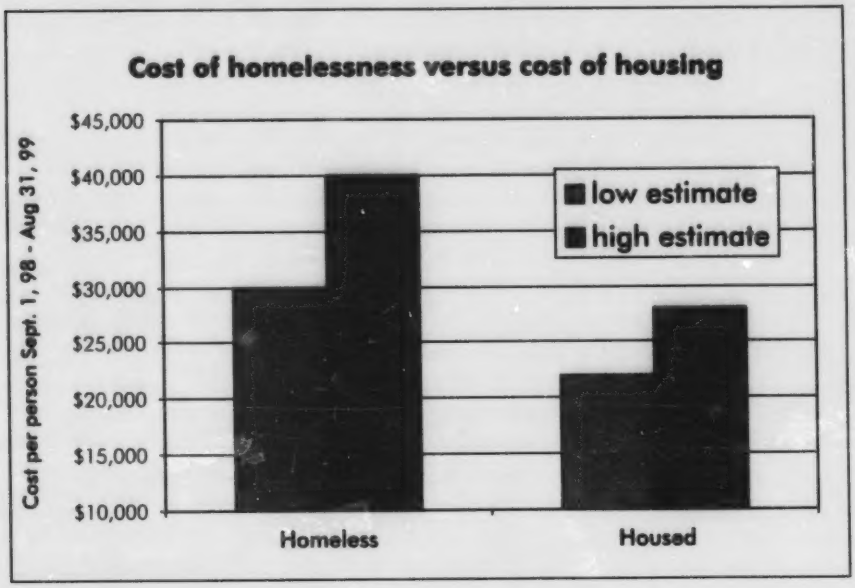
Figure 2 in Appendix B provides a detailed breakdown of these per diem cost estimates, showing housing and support costs separately.

[14]This is based upon data for Toronto reported in the Mayors Homelessness Action Task Force report, which showed that chronic hostels users occupied 46 per cent of shelter bednights over a 9-year period.

6 Total Costs

The findings of this exploratory research examining government costs for a small illustrative sample of homeless and housed individuals in Vancouver suggest that decent, adequate, supportive housing not only ends homelessness but it may reduce the use of costly government services and ultimately save money.

When combined, the service **and** shelter costs of the homeless people in this study ranged from $30,000 to $40,000 on average per person for one year (including the costs of staying in an emergency shelter). The combined costs of services and housing for the housed individuals ranged from $22,000 to $28,000 per person per year, assuming they stay in supportive housing. Thus, even when housing costs are included, the total government costs for the housed, formerly homeless individuals in this study amounted to less than the government costs for the homeless individuals. Providing adequate supportive housing to the homeless people in this sample saved the provincial government money. Again, this is a conservative estimate, since all services and service providers were not included.



7 Conclusions and Recommendations

This study estimated the government cost impacts of two approaches for addressing chronic homelessness among individuals:

1. Providing temporary accommodation in emergency shelters and needed health care, criminal justice and social services — the emergency or reactive approach.

2. Providing permanent supportive housing and needed health care, criminal justice and social services — the prevention approach.

The strategies were typified in this study by two groups of individuals: homeless and housed, but formerly homeless individuals. The homeless individuals represent the emergency-based approach and the housed individuals represent the prevention approach.

According to this exploratory research, the homeless individuals tended to use more costly emergency type services than the housed individuals. For the homeless individuals in this study, the cost of service use exclusive of housing was 33 per cent higher than the housed individuals for the one year time period. When the costs of housing are included, the data showed that providing adequate supportive housing for these homeless individuals saved the government money.

The prevention approach proved to be more cost-effective than the emergency or reactive approach for this small sample. Focusing on reducing the use of costly government funded health care, criminal justice and social services through the provision of supportive housing for homeless people makes good sense from financial perspective. This approach also has the benefit of improving the quality of life and well-being of homeless people. The interviews and service records suggest that in most cases, housing had a positive impact on these people's lives.

While supportive housing is cost-effective compared to emergency shelters, emergency facilities will continue to be an important component of the housing continuum. Emergency shelters are not meeting current needs, and emergency capacity to meet crisis and other needs will continue to be necessary. Supportive housing is best viewed as an option for the chronic homeless — people who tend to be continual users of some combination of emergency shelters, hospital emergency wards and the criminal justice system.

These preliminary findings suggest if minimizing government costs is a goal, public policy and service delivery must be focused on the prevention of homelessness.

It is recommended that the provincial government undertake:

1. Initiatives that help people maintain their existing housing (eviction prevention, demolition and conversion controls, rent protection, etc.). Preventing homelessness, and the corresponding human tragedy that accompanies it, would reduce government health care and criminal justice costs.

2. Initiatives that help people who are now homeless to obtain adequate, permanent, or more specifically, supportive housing as a positive alternative to emergency shelters (damage deposits, social and supportive housing). This can be accomplished by maintaining existing housing and support programs and expanding their scope to accommodate individuals who are presently receiving no service. This includes people with addictions, people who are not connected to the mental health system, youth and other special needs groups.

3. Research to address the following related public policy issues:

    a) To the extent that this research has applied an exploratory methodology and the findings are premised on a small illustrative sample, it is recommended that the provincial government undertake a more comprehensive assessment of the costs of homelessness in British Columbia using a larger sample size and perhaps including additional services.

    b) Despite the fact that the majority of the individuals who participated in the study were drug- or alcohol-involved, this sample of individuals had little contact with addiction treatment services. Further research to examine the barriers to substance misuse treatment in British Columbia is recommended.

The substantial US literature linking homelessness with childhood foster care, the fact that little or no Canadian research on this topic was located, combined with the characteristics of this rather limited case history sample suggest that the relationship between family breakdown, children in state care and homelessness should be investigated in a Canadian and/or B.C. context.

Appendix A — Interview Guide

QUESTIONS: people who are homeless

Name of interviewers	— —
Date and time of interview	
City	

A. Basic Information person being interviewed

1. Name
   a) Birth name
   b) Aliases
2. Sex
3. Marital status
   a) Are you living with anyone at the moment? (If yes, what is relationship?)
   b) Have you lived with anyone in the past year? (If yes, what is relationship?)
4. Did you spend any time growing up in a Residential school?
5. Did your parents spend any time in a Residential school?
6. Observed race
7. Do you have any personal ID? If yes, ask to see it.

B. Personal History

1. How long have you lived in British Columbia? (should be at least 3–5 years)
2. When was the last time you had a permanent address? Stayed in one place for 6 months or more. (Was it within the last 12 months?)
3. Where were you living (location and type of housing)?
4. How long did you live there?

5. Why did you move?

6. Then what happened (i.e. tell us how you ended up being homeless/ on the street)?

C. Shelter Use (In the past 12 months)

1. Where do you sleep most of the time? (e.g. shelters, abandoned building, street, park, with friends, SRO?)

2. In the last year, did you use any of the shelters?

3. If yes:

   a) Which ones
   b) How often
   c) How many days did you stay each time
   d) Why not more often

4. If you did not use any of the shelters, why not?

D. Health Services (In the past 12 months)

1. How would you describe your health? Very good, good, fair or poor

2. Do you currently have any physical health problems?

   a) If yes, please describe.
   b) What are you doing about them?

3. In the past year, did you participate in any type of mental health program?

4. Do you currently have any mental health problems?

   a) If yes, please describe.
   b) What are you doing about it?

5. Do you have a family doctor?

   a) If yes, provide name
   b) Have you seen him/her in the last year?

6. If you do not have a family doctor, where do you go when you have a health problem?

   a) Hospital? — Provide NAME
   b) Health clinic? — Provide NAME
   c) Other? — Provide NAME

7. Do you have any problems with your teeth or gums?

8. Did you see a dentist in the past year?

9. In the past year, did you go to an emergency department at a hospital?
   a) If yes, provide name of hospital
   b) How often?
   c) For what kinds of problems?
   d) Were you admitted?

10. Do you have any prescriptions for medical drugs?
   a) Is the prescription filled?
   b) Do you take your medication as prescribed?

11. In the past year, did you ever go to the psychiatric ward?
   a) If yes, provide name of hospital
   b) How often?
   c) What was the problem?
   d) Were you admitted?

12. In the past year, did you ever go to the hospital to get admitted just to get off the streets?

13. Have you used any recreational drugs in the last month? If yes:
   a) What kind of drugs (e.g. crack, cocaine, marijuana?)
   b) How many times?

14. Have you drunk alcohol in the last month?
   a) How much would you drink? (A few beers? A few bottles?)
   b) How often?
   c) What kind of alcohol (e.g. rice wine, other)

15. In the past year, were you in a detox centre? Drug or alcohol treatment program?

E. Emergency Services

1. In the past year, did you ever use the 911 service (either you called or someone called for you)?

   Please provide details: (e.g. what happened?)
   a) Where were you (location)
   b) Date

2. In the past year, did you ever use an ambulance (either you called or someone called for you)?

   Please provide details: (e.g. what happened?)

   a) Where were you (location)
   b) Date

3. In the past year, were you ever helped by the fire department?

   Please provide details: (e.g. what happened?)

   a) Where were you (location)
   b) Date

F. Social Services

1. Do you get any income assistance (welfare) from the British Columbia government?

   a) If not, why not?
   b) If yes, how much?

2. In the past year, have you gone to one of the drop-in centres?

   a) Which ones?
   b) How often?

3. How often do you talk to someone from social services?

   a) What kinds of things do you talk about? (Welfare? Services?)
   b) Who do you talk to? (Who does person work for and NAME)

4. Do you have any children? If so:

   a) How many?
   b) How old are they?
   c) Where are they now?
   d) Was the Ministry for Children and Families involved with your family?

5. Were you ever in foster care?

6. Did you move often as a child? If so:

   a) How often
   b) Tell us more about it

G. Criminal Justice

Tell me about your involvement with the police.

1. How often do the cops talk to you?
2. What kinds of things do they talk to you about?
3. In the past year, did the police ever make you spend the night in:
   a) Jail?
   b) The drunk tank?
   c) The police detox?
4. If yes
   a) Why?
   b) How often?
5. In the past year, were you ever arrested and have to go to court?
   a) How often?
   b) What for?
6. Were you convicted?
7. Have you ever been in jail for more than one night? Or a detention centre?
   a) If yes, which one?
   b) For how long?
8. Have you been on probation in the past year?
9. Do you ever try to get arrested on purpose as a way to get off the streets?

Optional:

Tell me about what your life was like growing up:

- Did you live with both parents?
- Did your parents divorce?
- Which parent did you live with?
- How often did you see the other parent?
- What was your relationship like with your parent(s)? Very good, good, fair, poor, distant, neglectful, hostile, aggressive, abusive?
- Did either of your parents remarry?
- What was your relationship like with your step-parent? Very good, good, fair, poor, distant, neglectful, hostile, aggressive, abusive?

- ➢ Did either parent or step-parent ever hit you hard enough to get a bruise?
- ➢ Were you ever sexually abused as a child?
- ➢ Is there anything about your childhood that you think might explain your current situation?

H. Conclusion

THANK YOU very much for your time and your help.

1. Do you have anything else you'd like to add?
2. Any comments
3. Do you have any suggestions about the types of services you would like to be available?

Appendix B — Housing and Support Costs[15]

The aim is to estimate the direct costs of a range of housing and related support services that are part of a continuum of responses to homelessness in British Columbia. The purpose of this analysis is to provide a comparative basis to examine the cost impact of emergency-based residential responses to homelessness, and strategies that are part of a more comprehensive prevention-based approach.

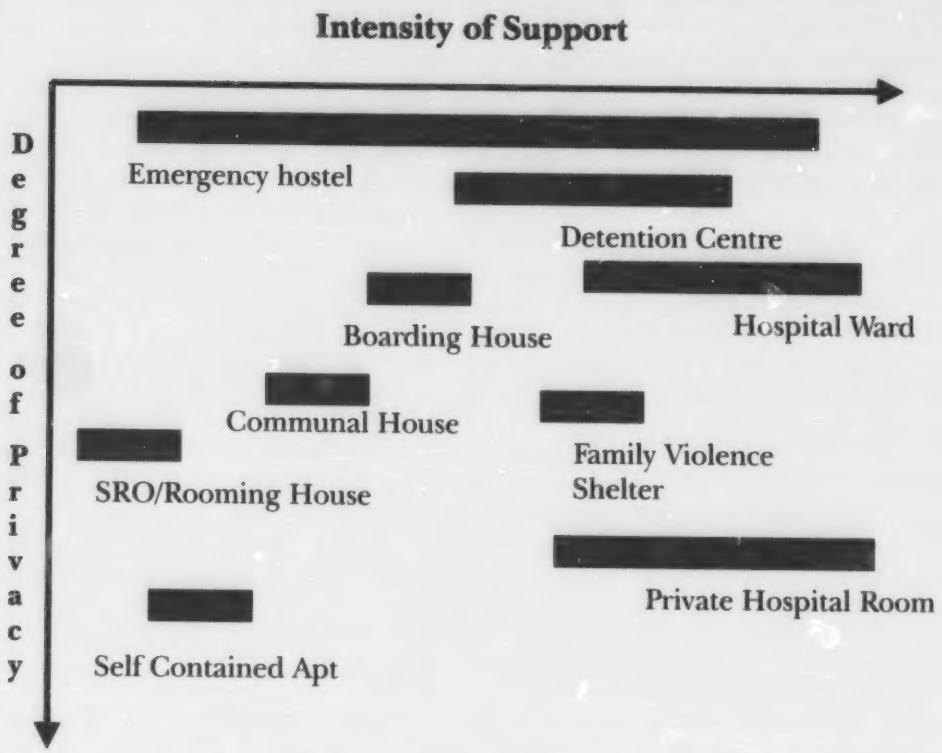
It is intended only to identify the absolute cost of each option as distinct from the marginal cost (i.e. the cost of adding one additional emergency bed or space in a correctional facility where fixed overhead cost are already in place). A more precise measure would be to examine the marginal cost of each additional person that becomes a victim of homelessness. Our primary concern is to identify the full cost in order to provide a comparative framework that will assist in assessing pro-active prevention-based strategies, as distinct from reactive emergency-based responses.

Identifying the Continuum

Given a starting point of absolute homelessness — whether this is very short in duration such as the immediate trip to an emergency shelter after being forced from one's home (e.g. due to eviction as result of arrears) or a prevailing state of living on the streets — the first level of a continuum is some form of outreach program providing blankets, and a warm beverage, and possibly encouraging an individual to come to a shelter. At the other extreme is a permanent solution as represented by a safe and affordable dwelling suitable for the particular household or individual that has been homeless. Between these two extremes there are a variety of different options providing differing degrees of accommodation and levels of service.

[15] Steve Pomeroy, Focus Consulting, Sept. 1999.

Figure 1: Housing and Support Continuum



The placement of a particular individual or family within this continuum will depend on the specific circumstances of that household as well as the characteristic of the household — e.g. family, short term single homeless, episodically single homeless, or long term single homeless.

Within any of these responses there is a combination of residential and support services. The direct costs associated with each response will, to a great extent, reflect the relative degree of privacy and support. This has been portrayed in a simplified two dimensional framework (Figure 1). This framework conceptualizes the relative levels of service in relation to residential or physical plant services and support services. The framework illustrated in Figure 1 is suggestive of the cost associated with each approach. As the intensity of support and the level of privacy increase, costs will tend to be higher. For example, a bed in a psychiatric hospital or a correctional facility cell are more costly than a self-contained apartment, due largely to more intense levels of service and associated higher labour costs. It is also important to note that even within some of the housing options (such as emergency hostels), costs can vary quite widely, reflecting diversity in service models.

Clearly, housing solutions and support services do not exist totally independently of each other. Some services will work best in certain housing settings. In addition, there is an interface between what might be considered "pure residential services" versus "support." This is especially relevant to the homeless population — the pure residential services that many households take for granted (such as maintaining a building in sound state of repair, with heat, running water, and correctly functioning plumbing) are often absent in lower cost housing options (such as some private SRO and rooming houses). While maintenance and occupancy bylaws are intended to address these basic health and safety concerns, the nature of the stock occupied by homeless subpopulations is often precarious, and additional intervention has been required. Thus, needed support services may include encouraging or enforcing housing providers to respect basic health and safety standards. Such services might be considered core residential services, rather than supports (in the sense of health and other social services).

In short there is no clear demarcation between residential services and support services, although for this costing exercise we have forced a distinction. With this important caveat, we can identify a hierarchy of responses and within these identify typical residential services and support services. This continuum in British Columbia is illustrated in Table 6 in the main body of the report.

Method Used in this Analysis

The approach taken here is to examine the actual operating costs incurred by operators across the continuum of responses. That is, the expense side of the financial statement, leaving aside the revenue side (which includes both rent payments, subsidies and various foundation or fund-raising funds). To develop cost estimates of the different options within the continuum, we separate residential services from support services and develop estimates of the cost of providing each of these two sets of services.

Essentially, this entails separating the costs of operating the residential "physical plant" from the provision of services. The cost associated with the provision of residential services are largely driven by the age of the property — existing properties with low debt service costs incur a significantly lower cost than new developments, which tend to carry high debt. We seek to reflect this by explicitly separating debt-servicing expenses from other operating costs — although the separate debt-related costs are not identified in Figure 2.

Other residential costs including utilities, property taxes, and janitorial and maintenance are attributed to the residential cost. Where a building contains a large portion of activity and programming space, this cost should be prorated based on a square footage basis, however, in most cases here all property administration is left under the shelter side of the allocation.

Administration is also a grey area, as it often overlaps between the property management function and client support services. Where possible, salaries of individuals performing functions such as a resident building manager responsible for maintenance and janitorial, rent collection and emergency on call duties are attributed to the residential function. Where staff have a dual function — such as the front desk staff in a hostel, costs are arbitrarily attributed 50/50 between residential services and support services (although this function would not normally be required in a self-contained apartment complex higher rent properties do provide security/ concierge functions).

To this point, we will seek to identify only the cost side of the ledger, ignoring who pays. The public cost or subsidy will be the total operating and service cost expenditure, less any non-government revenues. In many cases, especially emergency facilities and institutional services, recipients will not pay rent; the cost will be entirely borne by a range of public agencies. In some cases, recipients may be in receipt of income support and may contribute the maximum shelter component of welfare toward the cost. In these cases, this payment simply reflects receipt of a government transfer payment, a different form of subsidy. Where possible, this indirect subsidy is identified. Where the source of rental payment is unknown, no adjustment is made.

To some extent, the selection of facilities or projects used to calculate costs will affect the range of cost estimates produced. In order to produce a representative picture of costs incurred, several steps were taken. Where possible, two to three different examples of each type were employed, so that a range of costs is identified. Further, an attempt was made to select facilities typical of a certain type of accommodation rather than "one offs." Most of the examples are in Vancouver or Victoria.

In order to provide a consistent basis for comparison, the specific costs incurred in providing different services are analyzed from annual financial reports and then calculated on a per client per day basis. Using a per day assessment is deemed the most appropriate approach, as a number of services are accessed only for a few days per month, and there tends to be a flow of clients through each service for different lengths of time.

Estimates of Housing and Support Costs in British Columbia

Cost information was collected from a range of housing providers representing each of the housing and support options available in British Columbia. For each type of response, the cost of both the residential services and support services are calculated from financial statements and presented on a per diem basis for comparability. These cost ranges are summarized in Figure 2. This figure identifies a wide range in the total cost. (i.e. expenditure) of providing each response. Implicit in this variation is an equally wide variation in the level of service provided. As discussed earlier, the type and intensity of support services affect this.

Two variables affect total per diem costs of various options - the costs associated with the physical property and those for support services. Both can vary widely. On the residential side, expenses vary based on the size of property and its age. A new property may have high debt costs, an older property, little or no debt servicing expense. Within the various shelter and supportive options, many of the providers contacted in this review had the benefit of older properties with little or no debt service, or favourable rent levels from a benevolent landlord — typically a charitable organization. However, this might be balanced by higher maintenance and upgrading costs. In the context of new options, this 'physical plant' expense is a critical component of costs. In particular, the costs for mental health residential facilities and enhanced apartments (formerly congregate housing) reflect the full cost of purchasing a large existing home (with capital costs for each large house exceeding $700,000). As such, the existing experience may not be a true reflection of the cost of providing new facilities.

The service and support costs reflect a considerable range from a relatively modest $9–$20 per day for community-based services provided under the Supportive Independent Living Program, to over $150 for mental health residential facilities. This range reflects a significant degree of variation in the intensity of support. Limited support services involves a community worker visiting individuals on a daily basis to provide assistance in daily living activities, enabling them to live semi-independently. At the high end, supports reflect professionals providing mental health assessments, medical and nursing care on a 24-hour basis.

Figure 2: Expenditure Estimates for Existing Responses (costs on per diem basis)

	Type of Facility	Services	Per diem expenses		
			Residential Services	Support Services	Total costs/day
1.	Correctional facility /holding cell Provincial institution	Cell, meal, security			$90–125 $155–250
2.	Psychiatric hospital	Psychiatric, assessments and referrals			$200–600 average $380
3.	Emergency shelter (most support)	Emergency, assessment, meals, some services, referrals	$10–31	$49–$64	$60–85
4.	Emergency shelters (some support)	Basic overnight accommodation and hot meal	$10	$21–$28	$31–38
5.	Drug and alcohol treatment and recovery centres	Substance misuse treatment	—	—	Detox $80–$185 recovery $40–65
6.	Mental health residential facilities	Supervised small scale mental health residence	$36-55	$106–$155	$140–$191
7.	Enhanced apartments	Self-contained apartments — with supports on site and collective meal options	$24	$44–$64	$67–$88
8.	Supportive SRO hotels	Small hotel rooms, 24 hr staffing, 7 days a week	$10–11	$9–14	$20–$25
9.	Homeless/At Risk Housing (HARH)	Self-contained — modest support services — daytime staffing	$29–36	$2–4	$32–38
10.	Supported Independent Living Program (SILP)	Buildings or collection of privately operated units with visiting supports	$12–18	$9–$20	$21–$38
11.	SRO/rooming house	No supports	$11	$0	$11
12.	Self contained apartment — mini suite/bachelorette	No supports	$14–20	$0	$14–20
13.	Self-contained apartment	No supports	$25–$35	$0	$25–35

Notes to Figure 2

1.	Data from Ministry of Attorney General; based on community and minimum security correctional facility and for new Vancouver City Lockup
2.	Data from Jim Woodwood, Inter-ministry Task Force, Mental Patients Association and conversation with John Fox, Riverview
3.	Based on Salvation Army Haven and Harbour Lights (Vancouver)
4.	Lookout, Triage data from Greater Vancouver Mental Health Services Society, Surrey Men's Shelter (Options) and Street Link (Cool Aid, Victoria)

5.	Cordova and Vancouver Detox; Turning Point, Harbour Lights and Miracle Valley (recovery)
6.	GVMHSS
7.	Options (Surrey) and GVMHSS
8.	Sunrise and Washington hotels. BCHMC
9.	BCHMC
10.	Mental Patients Association/GVMHSS
11.	Private SROs – based on BC Benefits singles shelter maximum
12.	Range in DTES existing older non-profit operated apartments — Ford, Columbia, Europe (Affordable Housing Society) and Mike Gidora Place (Cool Aid Victoria)
13.	Average costs for new non-profit developments in British Columbia under Homes BC, data from BC Housing

Appendix C — Case Histories

This appendix contains detailed case histories of the ten homeless persons who were part of this study, followed by the five housed individuals. They paint a picture of real health, social and other issues facing these individuals on a daily basis, including in many instances, difficult family backgrounds and complex health issues. The case histories also provide an insight into their habits and preferences for using various types of health and social services, as well as their involvement in the criminal justice system. All names have been changed, but the other details are provided as reported by these individuals.

The second column describes what the individuals reported to the interviewers in terms of their personal details, family background, health situation, and the use of health, social and criminal justice services in the past year. The third column shows the use of health, criminal justice and social services as reported by providers using administrative data. While the two information sources generally agree, there are some discrepancies between the two. Although both sources of information are provided here, *data from administrative records was used to calculate costs.*

Homeless Individuals

Case History: Adam[16]

Service Issues	Description	1998–1999 Services used
Housing situation	The last time Adam had a permanent address was about 18 months ago. He lived in an SRO for 5–6 months. Adam became homeless when reconciliation with a family member didn't work out. Over many years, Adam has lost his housing in SRO accommodation while in correctional facilities. Adam sometimes sleeps in ex-industrial sites.	
Use of shelters in last 12 months	In the last year, Adam stayed at all of the shelters except Lookout and Triage. He also went to a drop-in centre for showers. He used the shelters as often as he was allowed, and stayed 3–5 days each time, which was the maximum. He did not use the shelters more often because he felt pressured to find a place of his own. He states that it is becoming more of a hassle to use the shelters because "they wake you up and kick you out."	# days shelter use unknown
Health situation	Adam describes himself as fairly healthy. However, he does suffer from several health problems including a chronic health problem. He has problems with his feet and suffers from a poor diet. He used to weigh more before he began to live on the streets. Adam does not have a mental illness.	
Dental situation	Adam has dental problems. He has not been to see a dentist in the past year.	
Use of health services in past 12 months	Adam has not seen his family doctor in the past 10 years. If he has a health problem, he uses walk-in clinics. Adam has not used any hospital services in the past year. He does not have a prescription for any medical drugs.	1 clinic visit $26.23
Substance misuse	In the last month, Adam has used heroin daily. There were no visible recent tracks on his arms, which suggests that he may not be an intravenous user. He also smoked marijuana and drank half a dozen beers. Adam was not in a detox centre or drug and alcohol treatment program in the last year. However, he was in a detox centre before. Adam also detoxes while in correctional facilities.	
Use of emergency services in past 12 months	Adam has not used the 911 services or services provided by an ambulance or the fire department.	

[16] All names have been changed

Social services	Adam receives basic benefits of $175 per month, but not a shelter allowance. He uses his GST rebate for child maintenance. Adam talks to his social worker once a month. His social worker "pushes" him to find housing. Adam uses several drop-in centres on a daily basis. The Ministry for Children and Families was involved with Adam's family on one occasion. Allegations had been raised by a neighbour, which proved to be false.	BC Benefits $3,915
Criminal justice	In the past, the police used to speak to Adam very often. They would talk to Adam about his drug use, and check in with him to find out what he was doing. He would also be asked specific questions if he was suspected of a crime. More recently, Adam has managed to stay out of the way of the police. He is currently involved with corrections. In the past year, Adam has spent a night in a correctional facility about every three or four weeks for various reasons. In the past year, he has been arrested and has gone to court several times for shoplifting and possession of heroin. He has been convicted, and has been sent to a correctional facility. He stayed in a correctional facility for 10, 15 or 20 days per sentence. While in the correctional facility, Adam did not use heroin. The sentences were not long enough for him to be able to stay clean after he was released from the correctional facility. Adam does not ever try to get arrested on purpose as a way to get off the streets.	City of Vancouver police 8 arrests and charges $17,776
Adam's thoughts about what is needed	Adam had the following suggestions about the types of services he would like to be available: ■ Alternatives to SROs (e.g. self-contained, safe, and not run by "criminals") ■ Dental care ■ Assistance when needed (e.g. a new pair of shoes from social services) ■ Family/marriage counseling (Adam wept while talking about the loss of his children) ■ Immediate access to detox ■ Treatment centres to be available for a longer period of time e.g. six months ■ Good food	
Total Costs		$21,717

Case History: Bob[17]

Service Issues	Description	1998–1999 Services used
Housing situation	The last time Bob had a permanent address was about two and a half years ago. He lived in an SRO for about 6 months. He moved because he became restless. Then he went to live with the mother of his child and to visit his child. The mother and child moved, and Bob returned to Vancouver. Most of the time, Bob sleeps in shelters and in the park.	
Use of shelters in last 12 months	In the past month, Bob has stayed at a drop-in centre with mats overnight. When he is there, he sleeps for only a few hours, and he works for a few hours. Bob prefers to sleep outside. He doesn't make more use of the shelters because "shelters tell you what to do."	# days shelter use unknown
Health situation	Bob describes himself as being in very good physical health, although he has not been too sure of this lately. His feet have been swelling and he has pain in his joints. Bob told the interviewers that he has had a chronic health condition since childhood. It appears that Bob may be eating almost nothing but pastries and coffee. He also has swollen feet, gained weight, lacks colour and experiences mood swings. Bob is unsure about whether he has any mental health problems, but he does not participate in any type of mental health program.	
Dental situation	Bob does not have any specific dental problems although his teeth are not in great shape. He has not been to see a dentist in the past year.	
Use of health services in past 12 months	Bob has a family doctor but has not been to see him in the past year. If he has a health problem, he goes to see a street nurse. Bob has not used any hospital services in the past year. He has no prescriptions for medical drugs. He does participate in the needle exchange program and obtains assistance from a health van for vitamins and pain medication.	
Substance misuse	In the last month, Bob says he has used heroin between 3-6 times. During that time he did not drink any alcohol. Bob has not been in a detox centre or drug and alcohol treatment program in the last year.	
Use of emergency services in past 12 months	Bob has not used the 911 services or services provided by an ambulance or the fire department.	

[17] All names have been changed.

Social services	Bob said he does not receive income support through BC Benefits. He used to, but stopped going to see his worker because it was too much of a "hassle." Bob uses several of the drop-in centres.	BC Benefits $4,175
Criminal justice	The police speak with Bob about once a month or every second month. They ask about what he is doing. Bob has never been arrested and has not spent any time in a correctional facility.	
Bob's thoughts about what is needed	Bob had the following suggestions about the types of services he would like to be available: ■ More services for women — "all the women in the area have a black eye." ■ Dental care	
Total Costs		$4,715

Case History: David[18]

Service Issues	Description	1998–1999 Services used
Personal details	David lived in group homes and foster homes from an early age. He moved at least a dozen times while growing up. David states that according to his files, he suffered physical abuse as a child, but he has no memory of this.	
Housing situation	David's last permanent address was a rented house with several roommates. He lived in that house for about 3 months. David was forced to move because his Employment Insurance benefits ran out and his room-mates stole his rent money. David experienced patches of homelessness before his last permanent address. Most of the time, David sleeps on the beach with a few other people.	
Use of shelters in last 12 months	David did not use any of the shelters in the last year. He does not like to go there because of "negative energy" and "bad vibes."	# days shelter use unknown
Health situation	David describes himself as being in good physical health. However, he does have high blood pressure. David is not participating in any type of mental health program, however, he does feel that he may be suffering from depression. He does not know if this is because of his living situation or if it is a clinical problem. He states that living outside helps him to feel better.	
Dental situation	David has dental problems. He has not been to see a dentist in the past year.	
Use of health services in past 12 months	David does not have a family doctor. If he has a health problem he would go to the hospital. He has not been to the hospital in the past year, but about two years ago, he went to the emergency department when his tooth was broken in a fight.	
Substance misuse	In the last month, David states he has used marijuana about two times. He has also drank a few beers. He was in a detox centre a few years ago.	
Use of emergency services in past 12 months	David has not used the 911 service for himself, but he did call once for someone else. He has not used any other emergency services for himself.	
Social services	David said he does not receive income support through BC Benefits. He has not applied for any assistance. He collects bottles, and this provides enough money for him to get by. David does go to a drop-in centre.	BC Benefits $3,500

[18] All names have been changed.

Criminal justice	In the two weeks prior to the interview, the police spoke with David several times. They thought he looked similar to a theft suspect, and wondered if he had seen any drug dealers in the area. In the past year, David has not been arrested. However, he did spend time in a correctional facility in the past. He does not try to get arrested on purpose as a way to get off the streets, although he did this when he was younger.	
David's thoughts about what is needed	David did not comment on this.	
Total Costs		$3,500

Case History: Frank[19]

Service Issues	Description	1998–1999 Services used
Personal details	Growing up Frank lived with both parents who remained together.	
Housing situation	The last time Frank had a permanent address was many years ago. His longest stay was in a residential hotel for about 3 months. He found the place too small and crowded, and was evicted because he was arrogant and abusive to the landlord and other tenants, and for other reasons. After he was evicted, Frank moved outside, which is where he still lives.	
Use of shelters in last 12 months	In the past year, Frank has not used any of the shelters. He is no longer permitted to use the shelters because of his behaviour.	# days shelter use unknown
Health situation	Frank describes his health as good, although he believes he may have chronic fatigue syndrome and fibromyalgia. Frank needs reading glasses. In terms of his mental health, Frank believes he suffers from paranoid schizophrenia.	
Dental situation	Frank has dental problems. He sees a dentist periodically.	
Use of health services in past 12 months	Frank states that he has several family doctors, and he has seen them in the past year. In addition, he uses health clinics, and participates in the needle exchange program for free condoms. In the past year, Frank did go to the emergency department at St. Paul's hospital. He was not admitted. He says that he did not go to the hospital just to get off the streets, although the thought did occur to him. Frank does have prescriptions for medical drugs — at least 5, he says. He takes his medication more or less as prescribed.	2 mental health treatments $2520 23 prescriptions $984
Substance misuse	Frank drinks a mixture that is 35 per cent alcohol. He also drinks wine for a few days at a stretch. Frank has not been in a detox centre or drug and alcohol treatment program in the last year.	
Use of emergency services in past 12 months	Frank used the 911 service during the past year for problems he spotted around the city.	
Social services	Frank receives $496 per month for BC Benefits. He does not receive an amount for shelter since he lives outside. Frank uses several of the drop-in centres.	BC Benefits $6,969

[19] All names have been changed.

Criminal justice	The police hardly ever talk to Frank. They used to ask him about problems in the neighbourhood, break-ins and thefts. Frank states that he spent one night in a correctional facility during the past year because of a dispute with a woman. He was also arrested on a previous occasion. Frank has spent time in a correctional facility and is currently on probation.	246 days community supervision $984 2 Vancouver police incidents $4,444
Frank's thoughts about what is needed	Frank would like to see "Courage to Come Back" initiatives to recognize people as "warriors of the street."	
Total Costs		$15,902

Case History: George[20]

Service Issues	Description	1998–1999 Services used
Personal details	George moved often as a child. His parents were divorced and he lived with his mother. His relationship with his mother was neglectful, hostile, and abusive. George rarely saw his father.	
Housing situation	The last time George had a permanent address was in the spring of 1998. He shared an apartment with a room-mate. George lived there for two years. He lost his housing when he went to a correctional facility. When George was released from the correctional facility, he ended up living on the street. Most of the time, George sleeps wherever it is dry: abandoned buildings, churches, or drop-in centres.	
Use of shelters in last 12 months	George has used many of the shelters in the past year. He uses the shelters often and stays at each one for about 2–3 days.	# days shelter use unknown
Health situation	George describes himself as being in bad physical health. At the time of the interview he had the flu and a cough. He was not doing anything about his health problems. George is not suffering from mental health problems.	
Dental situation	George does not have any dental problems and he has seen a dentist in the past year.	
Use of health services in past 12 months	George does not have a family doctor. If he has a health problem, he goes to the emergency department at St. Paul's hospital. In the past year, George went to St. Paul's for cuts and infections.	
Substance misuse	In the last month, George states that he smoked crack every day. He does not drink. George has not been to a detox centre.	
Use of emergency services in past 12 months	George has not used any emergency services in the past year (e.g. 911, ambulance or fire department).	
Social services	George said he does not receive income support through BC Benefits. He believes the application process is too complicated. George goes to several drop-in centres on a daily basis.	BC Benefits $186

[20] All names have been changed.

Criminal justice	The police question George about twice a week, and he has spent time in correctional facilities. He was convicted of drug offences on three occasions in the past few years. George spent about four months in various correctional institutions. He has not been on probation in the past year, but he was on probation about three years ago. George does not try to get arrested on purpose as a way to get off the streets.	92 days correctional institution $16,269 14 Vancouver police incidents $19,998
George's thoughts about what is needed	George commented that more detox and treatment facilities are needed.	
Total Costs		$47,563

Case History: Harry[21]

Service Issues	Description	1998–1999 Services used
Personal details	Harry was in foster care from an early age. His foster mother died when he was young. He then went to live in a group home. He never saw his original foster father again. Harry states that his relationship with his foster parents had been good.	
Housing situation	The last time Harry had a permanent address was about two years ago. He shared an apartment with another person for about 6 months. It didn't work out and Harry moved a few weeks later. He didn't find a place to live and couldn't find a room-mate. Most of the time, Harry sleeps during the day in various places like drop-in centres. He wanders around at night.	
Use of shelters in last 12 months	Harry has used some of the shelters a few times in the last year. He stayed in each shelter about four days. He didn't stay there more often because there was a limit on the length of time he could stay.	# days shelter use unknown
Health situation	Harry describes himself as being in good physical health. At the time of the interview he had a cold, a sore on his hand, and felt sore from walking. He also suffers from bad headaches. Sometimes, he has back pain from sleeping in uncomfortable places. Harry does not suffer from mental health problems. He tries not to feel depressed.	
Dental situation	Harry says that he does not have any dental problems. He has not seen a dentist in the past year.	
Use of health services in past 12 months	Harry does not have a family doctor. If he has a health problem he goes to St. Paul's hospital, a health clinic or a health van. In the past year, Harry was admitted to St. Paul's hospital at least twice because of a cold.	7 days hospital $2,333 9 St. Paul's emergency visits $1,062 2 clinic visits $52 5 physician visits $424 3 prescriptions $89
Substance misuse	In the last month, Harry has smoked marijuana and crack. He did not specify how often. He also drank alcohol, including beer and whiskey. Harry has not been to a detox centre.	

[21] All names have been changed

Use of emergency services in past 12 months	Harry has not used any emergency services in the past year (e.g. 911, ambulance or fire department).	
Social services	Harry receives $175 per month from BC Benefits. Harry goes to several drop-in centres. He is barred from sleeping at one place.	BC Benefits $4,210
Criminal justice	The police do not talk to Harry very often. He usually leaves when he sees the police coming. When the police question him, it is usually about drugs. Harry has spent the weekend in a correctional facility a few times. Harry was on probation years ago.	
Harry's thoughts about what is needed	Harry had no additional comments.	
Total Costs		$8,171

Case History: Ian[22]

Service Issues	Description	1998–1999 Services used
Personal details	Ian moved a lot as a child. He went from foster home to foster home until he was sentenced to a detention centre. Ian states that life was "hell" for him growing up.	
Housing situation	Ian spent time in a correctional facility in another province. He then moved to Vancouver and became addicted to heroin. For the past 3 years, Ian has had no fixed address. Ian usually sleeps in abandoned buildings or in shelters.	
Use of shelters in last 12 months	Ian has stayed at a shelter once, and has tried to stay there other times, but it is usually full. He has also stayed at some of the youth safe houses for one or two days at a time. Ian wishes he could stay at Walden House, but he does not meet the age criteria. Ian has no I.D. and cannot stay for long at any of the shelters.	# days shelter use unknown
Health situation	Ian describes his health as "fair" but he does have a chronic health condition. Ian does not suffer from mental health problems.	
Dental situation	Ian says his teeth ache. He has not seen a dentist in the past year.	
Use of health services in past 12 months	Ian does not have a family doctor. If he has a health problem he goes to a clinic. In the past year, Ian was admitted to St. Paul's and Vancouver General Hospital about 6 times for drug overdoses. He was also admitted to a hospital in another city. On one occasion Ian went to a hospital to get admitted just to get off the streets, but he was forced to leave by security.	2 days in hospital $1,016 4 St. Paul's emergency visits $472 3 ambulance services $1,200 2 clinic visits $52 39 physician visits $1,952 10 prescriptions $295
Substance misuse	Ian has used heroin and crack at least 30 times in the last month. He does not drink alcohol. He has been in detox three times in the past year.	74 days detox $9,768
Use of emergency services in past 12 months	Ian has used emergency services because of his drug overdoses, in both Vancouver and Victoria.	1 Vancouver fire dept emergency response $150

[22] All names have been changed.

Social services	Ian said he does not receive any income support from BC Benefits. He was cut off for not participating in the programs. Ian goes to a drop-in centre once a week.	BC Benefits $2,888
Criminal justice	The police talk to Ian about every two or three days. They ask him about what kinds of crimes he is doing. In the past year he has spent time in a correctional facility. He has been convicted of charges for car break-ins, assault, and possession of drugs. Ian has spent several weeks in correctional facilities, and has been on probation in the past year. Ian states that he has tried to get arrested on purpose as a way to get off the streets.	7 Vancouver police arrests and charges $15,554
Ian's thoughts about what is needed	In terms of the types of services that Ian would like to see available, he suggested that there be Safeway vouchers for food. He also stated that there should be more shelters and detox beds for youth.	
Total Costs		$33,357

Case History: John[23]

Service Issues	Description	1998–1999 Services used
Personal details	John was in foster care all his life. He never met his birth parents. He moved several times as a child. His last foster home treated him well, and he was there for about 10 years.	
Housing situation	John's last permanent address within the last year was in an SRO. John lived there for about 5 months. He was evicted because the landlords thought he had too many visitors and suspected him of illegal activities. When John was evicted, he owed $600 in damage deposits from previous tenancies to the former Ministry of Human Resources (MHR). MHR would not provide him with additional funds for a security deposit, and he has therefore been unable to find another place to rent.	
Use of shelters in last 12 months	Most of the time, John sleeps at a shelter. He stays from three days to one week at each shelter. Occasionally, he stays with a friend.	# days shelter use unknown
Health situation	John describes his health as "fair." He states that he suffers from a poor diet and lack of protein. John does not suffer from mental health problems.	
Dental situation	John states that he does not have any dental problems and he has obtained dental services.	
Use of health services in past 12 months	John has a family doctor, and he saw him in the month prior to the interview. John went to St Paul's hospital in the past year because of a broken bone.	1 St. Paul's emergency visit $118 5 prescriptions $50
Substance misuse	John smokes about 2 joints of marijuana per day. He has drunk a few beers in the past year. John has not been in a detox centre in the past year.	
Use of emergency services in past 12 months	In 1999, John called 911 for an ambulance after he was injured in a fight.	
Social services	John receives $165 per month from BC Benefits. An amount is deducted each month as repayment for security deposits. John speaks with his worker about twice a week about finding a place to live. John goes to drop-in centres several times a week.	BC Benefits $75

[23] All names have been changed.

Criminal justice	The police do not talk to John very often. He was in a correctional facility once for about 20 days as a result of his failure to appear. John does not try to get arrested on purpose as a way to get off the streets.	7 days correctional institution $1,302 6 Vancouver police incidents $13,332
John's thoughts about what is needed	John thanked the interviewers for the opportunity to talk. He also expressed interest in having the interviewers call his foster parents.	
Total Costs		$14,877

Case History: Kevin[24]

Service Issues	Description	1998–1999 Services used
Personal details	Kevin moved often as a child. He lived with his mother and step-father. Kevin states that his relationships with his mother and step-father were good.	
Housing situation	Kevin has lived in and out of SRO hotels for many years. He is currently in room and board housing operated by a non-profit society. He has lived there for about 5 months.	
Use of shelters in last 12 months	Kevin has spent a few nights in shelters in the past year. If Kevin had too much to drink, he may have been taken to a shelter instead of his home if the agency didn't know where he lived, and Kevin was unable to tell them. Sometimes he was released from the police detox or drunk tank and taken to a shelter instead of his home.	# days shelter use unknown
Health situation	Kevin describes his health as "fair." He is having problems with his eyes and cramps in his lower stomach. Kevin does not suffer from mental health problems.	
Dental situation	Kevin has some dental problems. He has not seen a dentist in the past year.	
Use of health services in past 12 months	Kevin does not have a family doctor. However, he does have an appointment to see a doctor for his health problems. Kevin is taking medication as prescribed for his eye problems. When Kevin does have a health problem he goes to St. Paul's Hospital, VGH, or a clinic. In the past year, Kevin went to Vancouver General Health twice for alcohol poisoning. He was also admitted to Mount St. Joseph's. In the past year Kevin went to the hospital to get admitted just to get off the streets.	1 physician visit $111 1 prescription $9
Substance misuse	Kevin is a chronic alcoholic. He drinks about 5 days a week. He drinks a variety of cheap alcoholic products. Kevin does not use recreational drugs. Kevin has been in the overnight police detox centre in the past year but received no treatment. The interviewers noted that Kevin has been drinking less since he has obtained stable housing.	
Use of emergency services in past 12 months	Kevin has used 911 services at least two to three times per month. All calls were assessed by the ambulance team, and then Kevin would usually be transported to the police detox centre.	

[24] All names have been changed

Social services	Kevin receives income support through BC Benefits. It is administered three times per week. Kevin has not gone to any of the drop-in centres in the past year.	BC Benefits $6,673
Criminal justice	The police talk to Kevin about twice a month. They ask him if he is drunk. Kevin spends about three nights a month in the drunk tank or police detox. Other than this, Kevin has not been arrested or spent any other time in a correctional facility. Kevin does not try to get arrested on purpose as a way to get off the streets.	
Kevin's thoughts about what is needed	Kevin had no additional comments or suggestions.	
Total Costs		$6,794

Case History: Laura[25]

Service Issues	Description	1998–1999 Services used
Personal details	Laura was in foster care as a child and she moved often. Her parents both had severe drinking problems. Laura suffered from abuse.	
Housing situation	Laura lives in a non-profit SRO. She has lived there for 10 months. Before that, Laura was staying in an emergency shelter.	
Use of shelters in last 12 months	Before moving into her housing unit, Laura stayed in a couple of shelters two or three times a year for about two months at a time. Laura has used emergency shelters on a few occasions in the past year when she was unable to get to her housing unit after receiving her medication. Laura was sent to a shelter when she was released from hospital after having been in an accident.	# days shelter use unknown
Health situation	Laura describes her health as being "poor." She is HIV positive, suffers from drug addiction, and has other health problems. Laura does not suffer from mental health problems.	
Dental situation	Laura has dental problems and has seen a dentist in the past year.	
Use of health services in past 12 months	Laura has a family doctor that she sees frequently. In the past year, Laura went to St. Paul's hospital twice, and was admitted. Both times, this was as a result of the accident. In the past year, Laura went to the hospital to get admitted just to get off the street. Laura has prescriptions for many medical drugs. These are filled, and Laura is taking her medication as prescribed.	40 days hospital $23,441 3 St. Paul's emergency visits $354 168 physician visits $7,248 185 prescriptions $2,357
Substance misuse	Laura uses cocaine about 20 times per day. She does not drink any alcohol, and she has not been to a detox centre or participated in a treatment program.	
Use of emergency services in past 12 months	Laura used emergency services when she was hurt. There may have been other times when an ambulance was called when Laura was using the shelters.	2 ambulance services $800
Social services	Laura receives $811 per month income support through BC Benefits. Laura has not gone to any of the drop-in centres in the past year. Laura does not know where her child is. The Ministry for Children and Families is involved.	BC Benefits $10,215 Child protection 1 yr. $25,000

[25] All names have been changed.

Criminal justice	Laura's involvement with the police first began many years ago. The police have not spoken to Laura often since she became ill. In the past year Laura has spent the night in a correctional facility. Laura was convicted of a charge and spent 65 days in a correctional facility. Laura states that she has tried to get arrested on purpose as a way to get off the streets.	6 Vancouver police incidents $13,332
Laura's thoughts about what is needed	Laura doesn't think she has long to live because she is HIV positive.	
Total Costs		$82,748

Housed Individuals

Case History: Elizabeth [26] — Housed

Service Issues	Description	1998–1999 Services used
Personal details	Elizabeth was raised in an abusive foster home from the time she was young. She moved a lot, and was expelled from school. As a teenager, Elizabeth lived in two group homes.	
Housing situation	Elizabeth has lived in non-profit housing for close to four years. Before that, she slept in cars, lived in shelters and SROs.	
Use of shelters in last 12 months	In the past year, Elizabeth has not used any of the shelters.	
Health situation	Elizabeth describes herself as being in good physical health. However, she is HIV positive and has an infection. She is taking multi-vitamins and is being treated for the infection. Elizabeth suffers from schizophrenia. She participates in several mental health programs on a regular basis.	
Dental situation	Elizabeth sees a dentist twice a year to get her teeth cleaned.	
Use of health services in past 12 months	When Elizabeth has a health problem she goes to a clinic, or she goes to St. Paul's hospital or St. Vincents. In the past year, Elizabeth went to the St. Paul's hospital emergency department approximately three times because of hallucinations and cardiac palpitations. She also went to the psychiatric ward at St. Vincent's and St. Paul's because of hallucinations. Elizabeth is taking medication for her mental illness as prescribed.	6 days Venture $1,386 3 St. Paul's emergency visits $354 17 clinic visits $446 108 mental health treatments $2,520 33 physician visits $2,343 60 prescriptions $7,603
Substance misuse	Elizabeth used to be addicted to alcohol and drugs (cocaine and heroin). She did not use any recreational drugs in the last month. Nor has she drunk any alcohol. Elizabeth participates in substance misuse programs for assistance.	

[26] All names have been changed

Use of emergency services in past 12 months	During the past year Elizabeth used the 911 service and called an ambulance two or three times from her home.	4 ambulance services $1,600 1 fire dept. $150
Social services	Elizabeth receives $811 per month income support through BC Benefits. She sees her financial assistance1 worker twice a year to verify information regarding her circumstances. Elizabeth goes to various drop-in centres. Elizabeth said her children are in foster care.	BC Benefits $10,325
Criminal justice	The police do not speak to Elizabeth at all now. However, they used to speak with her often. In the past year, she spent no time in a correctional facility. Elizabeth once spent about 11 months in a correctional facility. In the past, when Elizabeth was homeless, lonely and hungry, she did try to get arrested on purpose as a way to get off the streets.	
Elizabeth's thoughts about what is needed	Elizabeth stated that the new psychiatric medications are much better than the old ones. Her mouth is no longer dry and although she still hears voices and has hallucinations, they are not as bad. She also stated that homeless people need places to meditate. They also need a doctor, lawyer and priest.	
Total Costs		$26,727

Case History: Martha — Housed

Service Issues	Description	1998–1999 Services used
Personal details	Martha lived with both parents while growing up, although they separated off and on. Her relationship with both parents was very good.	
Housing situation	Martha has been living in non-profit housing for the last 5 years. Before that, she lived in various SROs and had no permanent address.	
Use of shelters in last 12 months	Martha has not stayed in any shelters in the last year.	
Health situation	Martha describes her health as being "fair." At the time of the interview she was suffering from heart problems. Martha does not suffer from mental health problems.	
Dental situation	Martha has dental problems and has seen a dentist in the past year.	
Use of health services in past 12 months	Martha has a family doctor. She sees him every two weeks for methadone treatment. In the past year, Martha has not gone to any of the hospitals for medical care.	137 physician visits $2,417 343 prescriptions $1,392
Substance misuse	Martha uses crack and heroin twice a week. She states that in the past month she had only one drink. Martha has not been in a detox centre or treatment program in the past year.	
Use of emergency services in past 12 months	In the past year, Martha called an ambulance once from her home because she felt pain in her heart.	
Social services	Martha receives $825 per month through BC Benefits. Martha goes to a drop-in centre once a week.	BC Benefits $8,366
Criminal justice	Martha has had no involvement with the police.	
Martha's thoughts about what is needed	Martha had no additional comments.	
Total Costs		$12,175

Case History: Paul — Housed

Service Issues	Description	1998–1999 Services used
Personal details	Paul said he grew up in a "middle class" family. He had very good relationships with his parent as a child.	
Housing situation	Paul has been living in non-profit housing for the last 6 years. Someone at a shelter helped Paul obtain his current housing. Before that, for many years, Paul lived in various SROs and shelters. He lived outside when he was younger.	
Use of shelters in last 12 months	Paul did not use any shelters in the past year.	
Health situation	Paul describes his health as not being very good. He does not expect to live more than another 5–10 years. He has pain in his arms and has suffered weight loss. Paul recently had a chest x-ray to test for TB, which was negative. Paul is worried that he may have cancer. Paul suffers from depression, and is sometimes suicidal. He was diagnosed with schizophrenia, but more recently, has been diagnosed with bi-polar disorder.	
Dental situation	Paul has dental problems. He has not seen a dentist in the past year.	
Use of health services in past 12 months	Paul obtains health care from a clinic. When Paul has a health problem, he also goes to St. Paul's hospital, Riverview, or VGH. He receives an injection every 2 weeks at a forensic clinic for his mental health. He does not have any other prescriptions for medical drugs. In the past year, Paul went to the emergency department at St. Paul's hospital three or four times because of his mental illness. He also went to Vancouver General Hospital and Riverview. Paul tried unsuccessfully to be admitted. Paul has not tried to get admitted just to get off the streets. He states that his non-profit housing is his home base.	10 St. Paul's emergency visits $1,180 2 clinic visits $52 78 mental health treatments $1,950 4 prescriptions $676
Substance misuse	Paul did not use any recreational drugs in the month prior to the interview. He often drinks about half a dozen beers. Paul did not participate in a drug or alcohol treatment program in the past year.	
Use of emergency services in past 12 months	In the past year, Paul used the 911 service three or four times while he was at home. He was feeling very bad, and the situation felt impossible for him. The police and an ambulance were also called to assist.	10 ambulance services $4,000
Social services	Paul receives $771 per month for BC Benefits and a supplemental amount. Paul participates in a food program administered through his housing society. Paul hasn't been to a drop-in centre for about a year and a half.	BC Benefits $10,023

Criminal justice	Paul has had no contact with the police since he moved into his present home and he has spent no time in a correctional facility since then.	90 days community supervision $360
Paul's thoughts about what is needed	Paul stated that there is nothing a person can do about the past, we don't know what the future holds, and we deserve to feel good in our minds in the present moment.	
Total Costs		$18,242

Case History: Ruth — Housed

Service Issues	Description	1998–1999 Services used
Personal details	Ruth was in foster care from a young age. She moved often, and was in about 6 different homes.	
Housing situation	Ruth has been living in non-profit housing for the last three years. Before that, for many years, Ruth was living on the street, in shelters and in and out of various SROs. Someone helped Ruth obtain her current housing.	
Use of shelters in last 12 months	Ruth went to shelters in the past year when she became ill. She wanted to be with other people.	
Health situation	Ruth describes her health as average. In terms of her mental health, Ruth suffers from deep mood swings and personality disorder.	
Dental situation	N/A	
Use of health services in past 12 months	Ruth has a regular doctor at a clinic who she has seen in the past year. She is also taking some prescription medication, and receives support to take her medication as prescribed. Ruth participates in mental health programs. In the past year, Ruth went to the emergency department at St. Paul's hospital and Vancouver General Hospital about three times. She also went to a health clinic. Ruth had freaked out because of her mental health and too much crack. Ruth states that she used to go to the hospital more often. Ruth has not tried to get admitted just to get off the streets.	1 clinic visit $26 78 mental health treatments $2520 9 physician visits $419
Substance misuse	Ruth smokes marijuana every day to try and stay away from crack. She states that she used crack once in the past month. Ruth doesn't drink any alcohol. Ruth participates in a support group when she has no money for crack. Other times, she steals sugar and eats lots of it for the "rush."	
Use of emergency services in past 12 months	Ruth may have used emergency services in the past year. She is not sure. She also called the police and an ambulance once for someone's son who was being beaten up.	1 ambulance service $400
Social services	Ruth receives a total income of $911/month in BC Benefits and supplemental assistance. Ruth goes to drop-in centres every day.	BC Benefits $9,409
Criminal justice	Ruth has spoken with the police about two times in the last year about drugs. Ruth also spent a few weeks in a correctional institution.	4 Vancouver police incidents $8,888

Ruth's thoughts about what is needed	Ruth thinks the services available through the Inter-Ministerial Project should be open on weekends and over night. She also believes there should be more opportunities to live outside the Downtown Eastside.	
Total Costs		$21,663

Case History: Stanley — Housed

Service Issues	Description	1998–1999 Services used
Personal details	Stanley was adopted as a child. He states that his relationship with his adoptive parents was good.	
Housing situation	Stanley has been living in non-profit housing for the last three years. Before that, Stanley lived in a supportive SRO hotel for a few years. He had been on the street for about 5 years before that.	
Use of shelters in last 12 months	Stanley has not used any of the shelters in the past year.	
Health situation	Stanley describes his health as good. He stated that he had no physical health problems. Stanley suffers from schizophrenia.	
Dental situation	Stanley has no dental problems. He saw a dentist in the past year.	
Use of health services in past 12 months	Stanley does not have a regular doctor. When he has a health problem he goes to Vancouver General hospital or a clinic. Stanley went to the psychiatric ward of Vancouver General Hospital once in the past year because of his schizophrenia. He was admitted. Stanley participates in mental health programs for his mental health issues. Stanley takes medication every three weeks for his schizophrenia, as prescribed.	172 mental health treatments $4,300 7 prescriptions $488
Substance misuse	Stanley smokes marijuana occasionally — about once every 2 months. He does not drink alcohol.	
Use of emergency services in past 12 months	Stanley used an ambulance once in the past year to go to VGH. A therapist called the ambulance for him.	
Social services	Stanley receives $771 per month for in BC Benefits. Stanley goes to a drop-in centre once a day for meals.	BC Benefits $8,810
Criminal justice	The police speak with Stanley about once a year. He spent no time in a correctional facility in the past year. Before that, Stanley states that he spent one night in a pre-trial facility.	
Stanley's thoughts about what is needed	Stanley believes that additional BC Benefits should be extended to everyone on welfare. Regular income support rates are not enough. Housing should also be targeted to specific groups, such as the mentally ill or people suffering from drug and alcohol addictions.	
Total Costs		$13,598